South Eastern Health and Social Care Trust

SET/24/20

Integrated Performance Management & Accountability Framework
Corporate Scorecard
May 2020

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 2019/20

The report is divided into two sections:

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

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

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

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

Glossary of Terms

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

SECTION 1

SET OUTCOMES

Programme for Government Framework

PfG Outcome: We enjoy long, healthy, active lives

Indicators

PfG:

% population with GHQ12 scores >/= 4

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

% people who are satisfied with Health and Social Care

Preventable mortality

Healthy life expectancy at birth

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

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

DoH:

Improving the health of our people

Improving the quality and experience of healthcare

Ensuring the sustainability of our services

Supporting and empowering staff

Trust:

Reduce preventable deaths

Reduce unplanned Hospital admissions

Increase independent living

Decrease mood and anxiety prescriptions

Primary Measures

Recovery College

Emergency admissions rate

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

Improve mental wellbeing

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

SQE Performance

Make Contact Count

Health Promotion

Age Friendly Societies

Falls Prevention

Smoking Cessation

Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

SAFE AND EFFECTIVE CARE
April 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:

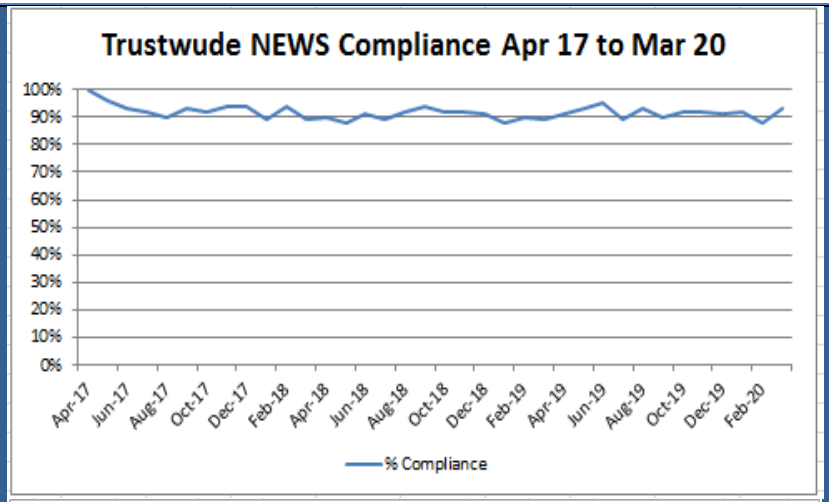
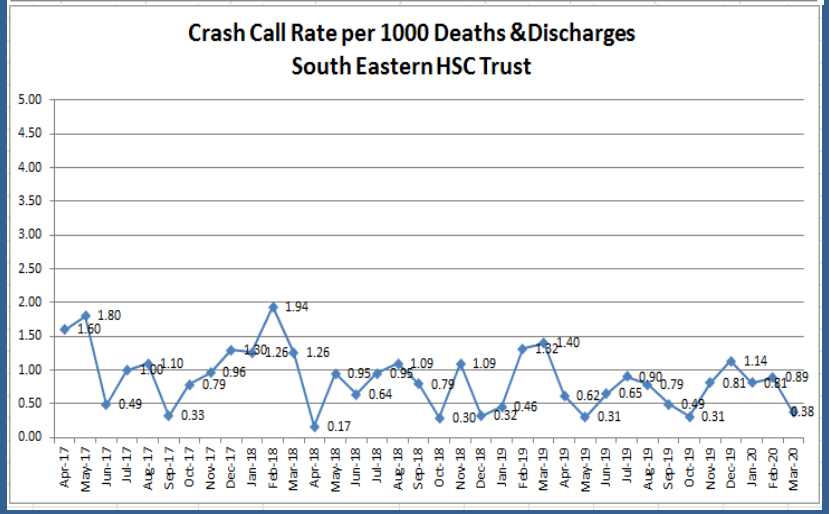
• As way of demonstrating and thinking about variation

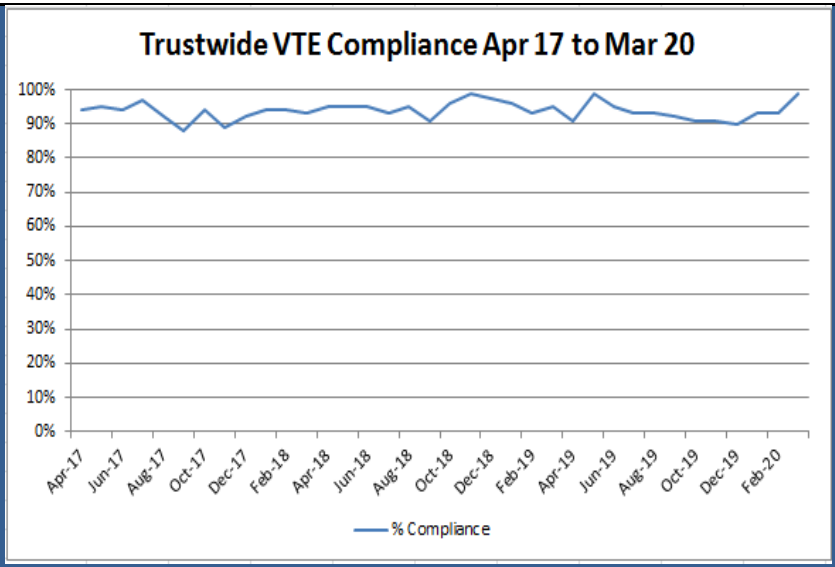
• As simple tool for analysing data – measurement for improvement

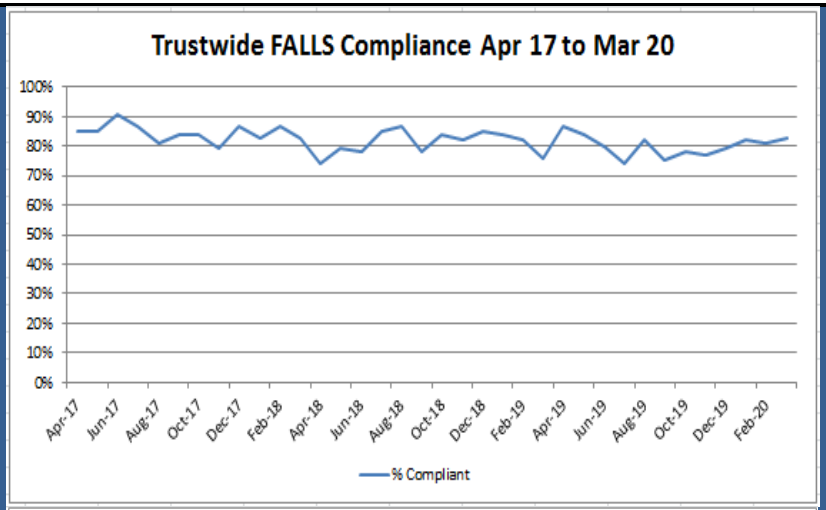
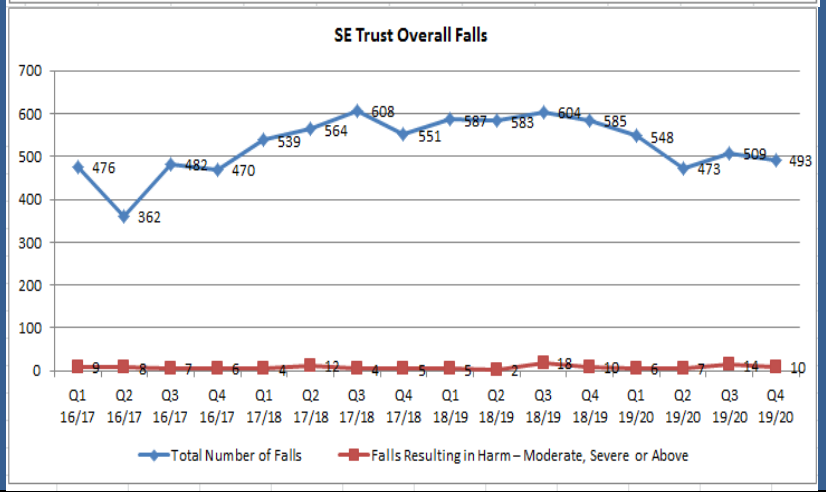
• As a tool to help make better decisions - easy and sustainable to use

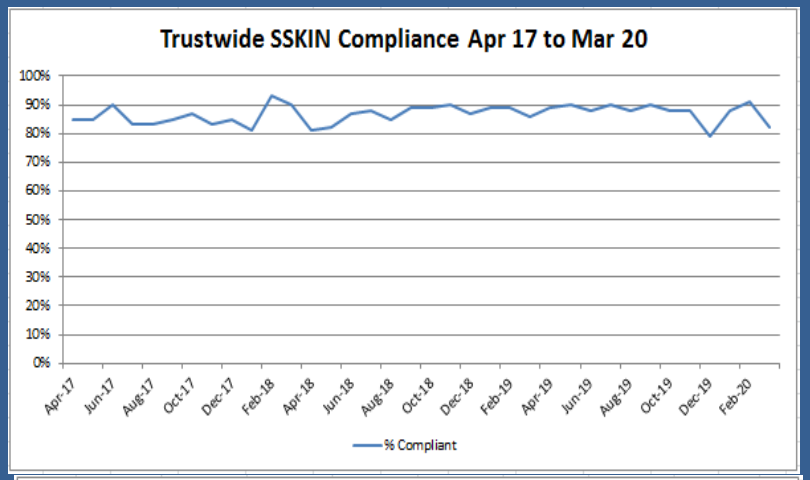
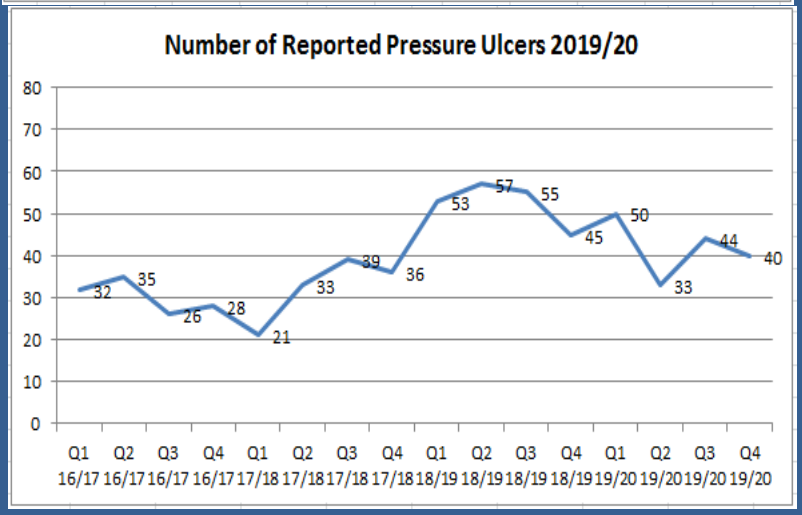
PLEASE NOTE THAT DUE TO REMOTE WORKING AND LIMITED ACCESS TO EXCEL TOOL THE CHARTS WITHIN APRIL 2020 REPORT HAVE REVERTED TO RUN CHART

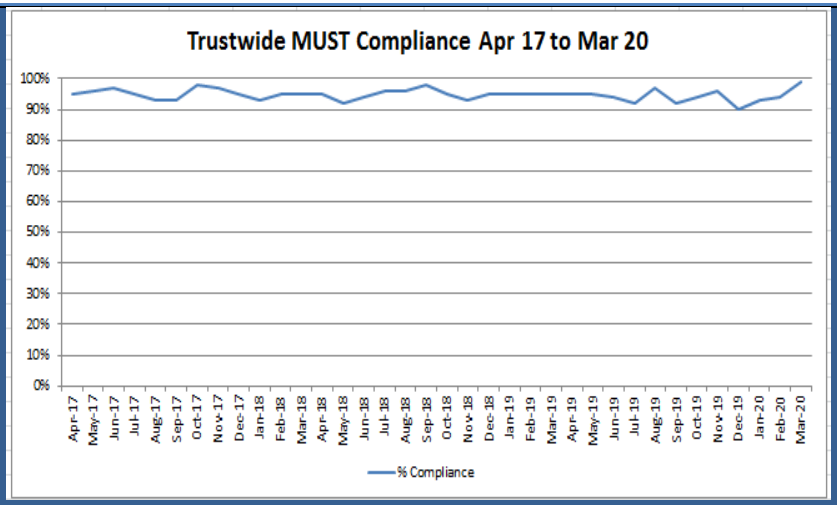
Nursing KPI's were stood down by the CNO for the 1st Quarter of 2020 in response to the COVID 19 pandemic there will be no Safe & Effective Care Scorecard available for May 2020 (showing April figures)

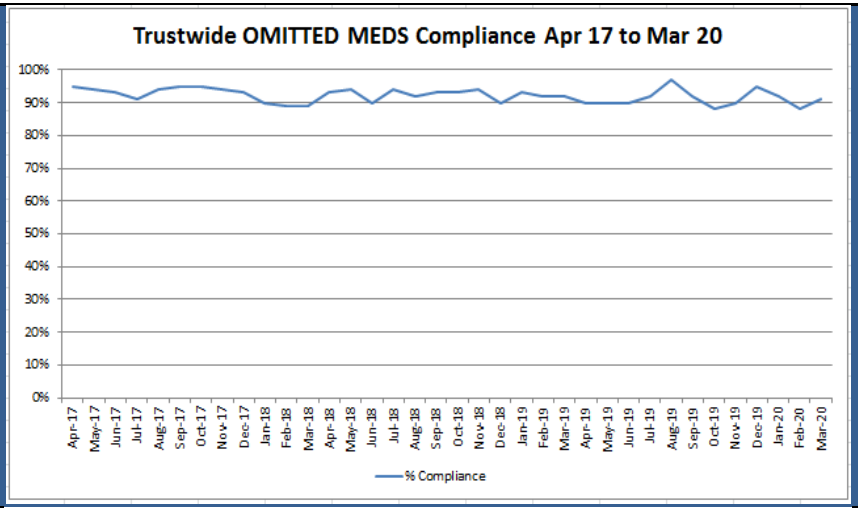
Description	Aggregate position	Trend	Variation
The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should 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.** **Chart is currently with communications ahead of printing.** **Links have been made with appropriate teams re facilitating training/awareness.** **Sessions have been published over March on all 3 sites, 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.** **<u>Please note due to COVID 19 Operations there is no update to the narrative of this report for April 2020.</u>**	 	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%

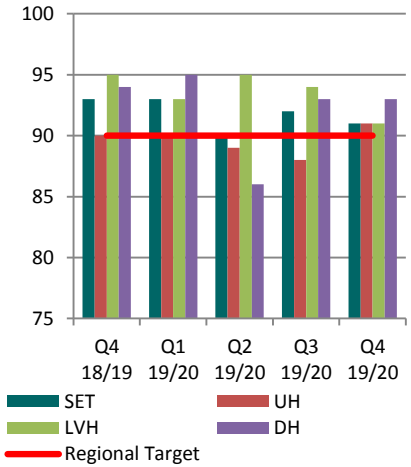
Description	Aggregate position	Trend	Variation
Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2019/20	**Please note due to COVID 19 Operations there is no update to the narrative of this report for April 2020.**		**2017/18** Average compliance 93% **2018/19** Average compliance 95% **2019/20** Average compliance 90%

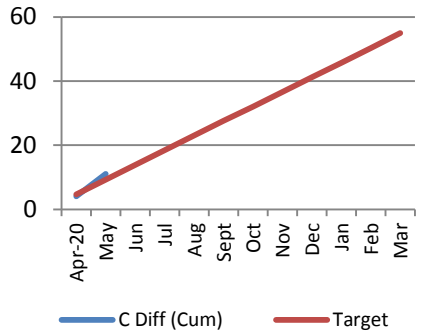
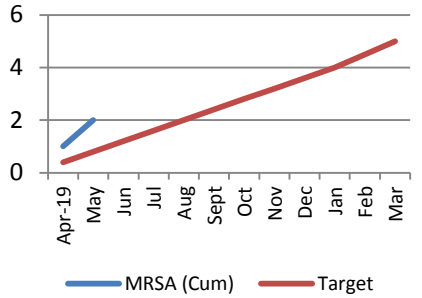
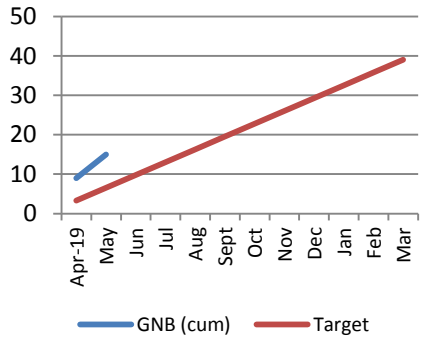
Description	Aggregate position	Trend	Variation
Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and those patients 65+ years and patients aged 50-64 years who are judged to be at higher risk of falling because of an underlying condition in part B.	**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.** **<u>Please note due to COVID 19 Operations there is no update to the narrative of this report for April 2020.</u>**	 	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%

Description	Aggregate position	Trend	Variation
From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were avoidable **Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days**	**Q4 pressure ulcer figures –** **Stage 2 or above: 40** **Stage 3/4: 5** **Ungradeable: 2** **Deep Tissue: 8** **Medical Device: 1** **Avoidable: 0** **Please note due to COVID 19 Operations there is no update to the narrative of this report for April 2020.**	 	Lowest compliance question: 'Repositioning' 92% **2017/18** Average compliance 86% **2018/19** Average compliance 88% **2019/20** Average compliance 88%

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.** **Please note due to COVID 19 Operations there is no update to the narrative of this report for April 2020.**		**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.** **Please note due to COVID 19 Operations there is no update to the narrative of this report for April 2020.**		**2017/18** Average compliance 92% **2018/19** Average compliance 91% **2019/20** Average compliance 91%

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	The Policy for The Provision and Management of Cleaning Services issued by the DHSSPS in January 2015 requires Very High Risk and High Risk Scores to be reported for Cleaning and Nursing only. As a consequence of removing estate condition issues, the acceptable level of cleanliness in Departmental Audits which was set at 85% in Cleanliness Matters is increased to 90%. The removal of the Estates Services scores has contributed to the observed increase in overall scores. Overall the Trust continues to meet this higher threshold and continues to exceed its own internal target for all facilities, although individual facilities may on occasions not meet this target.	SET 93%	SET 93%	SET 90%	SET 92%	SET 91%	
			UH 90%	UH 90%	UH 89%	UH 88%	UH 91%	
			LVH 95%	LVH 93%	LVH 95%	LVH 94%	LVH 91%	
			DH 94%	DH 95%	DH 86%	DH 93%	DH 93%	

TITLE	Target	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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.		**C Diff 6 (cum 74)**	C Diff 4 (cum 4)	C Diff 7 (cum 11)	
			MRSA 0 (cum 7)	MRSA 1 (cum 1)	MRSA 1 (cum 2)	
			GNB 2 (cum 68)	GNB 9 (cum 9)	GNB 6 (cum 15)	

	2019/2020 Target	2020/2021 Target
C Diff	**Target<55**	**Target < 55**
MRSA	**Target<5**	**Target < 5**
GNB	**Target <39**	**Target < 39**

SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR		APR	MAY
Outpatient waits	Min 50% <9 wks for first appt		18.5%	18.6%	18.7%	18.0%	19.3%	19.6%	19.0%	17.5%	17.2%	18.0%	16.2%		10.0%	10.1%
	All <52 wks		57.7%	56.5%	55.8%	55.7%	56.5%	56.7%	67.7%	56.6%	55.8%	54.8%	68.1%		50.1%	50.2%
Diagnostic waits	Imaging 75% <9 wks		59.8%	60.3%	63.5%	59.5%	61.7%	62.7%	61.2%	54.9%	54%	56.5%	51.8%		34.3%	19.3%
	Physiological Measurement <9 wks		47.8%	46.3%	43.9%	33.9%	39.8%	42.6%	44.9%	42.2%	42.5%	45.1%	46%		30.2%	16.6%
	Diag Endoscopies	< 9 wks	87%	83%	72%	59%	57%	64%	61%	61%	58%	70%	72%		56%	28%
		< 13 wks	63%	62%	56%	55%	55%	59%	62%	62%	60%	59%	58%		51%	42%
Inpatient & Daycase Waits	Min 55% <13 wks		51%	49%	46%	43%	41%	46%	47%	44%	43%	42%	44%		39%	27%
	All <52 wks		82%	81%	81%	82%	81%	82%	81%	81%	79%	78%	77%		76%	74%
Diagnostic Reporting	Urgent tests reported <2 days		88.3%	81.9%	83.5%	83.7%	84.4%	83.2%	83.5%	85.3%	86.2%	84.9%	76%		98.4%	95.8%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	71.7%	69.6%	70.7%	73.9%	72%	75%	69%	67.2%	71.9%	70.4%	72%		75%	72.3%
		12hr breaches	577	595	702	572	774	938	950	1035	1183	977	514		21	205
	UHD	4hr performance	57.2%	56.0%	56.8%	61.5%	59.8%	59%	58.1%	54.9%	59.5%	58.8%	60.3%		71.4%	68.0%
		12hr breaches	576	564	695	560	757	914	915	985	1086	939	495		21	205
	LVH	4hr performance	81.3%	75.6%	74.8%	81.1%	75.3%	69.4%	74.8%	76.5%	81.4%	73.8%	82.6%		84.9%	83.1%
		12hr breaches	1	2	4	1	4	9	2	3	15	4	1		0	0
	DH	4hr performance	89%	89.2%	89.0%	88.9%	87.8%	85.5%	85.5%	80.9%	83.0%	85.3%	86.9%		n/a	n/a
		12hr breaches	0	4	3	11	13	15	33	47	82	2	18		0	0
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		85.4%	82.4%	85.1%	87.8%	86.8%	87.2%	88.2%	86.5%	91.4%	87.9%	89.9%		98.0%	95.1%
Non Complex discharges	ALL <6hrs		88.9%	87.7%	87.1%	87.6%	87.9%	87.9%	87.4%	87.3%	87.2%	87.9%	85.9%		85.4%	82.2%
Hip Fractures	>95% treated within 48 Hours		63%	84%	66%	57%	79%	86%	89%	74%	75%	80%	92%		100%	96%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		14.6%	17.2%	10%	10.5%	3.3%	22.8%	14.7%	14.7%	24%	17%	8%		18.5%	19.2%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		39%	44%	42%	61%	37%	36%	52%	38%	30%	31%	49%		50%	44%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)		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}	98.3% (4) {17}		99% (1) {38}	99.3% (1) {21}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		94% (10)	95% (5)	88% (10)	95% (6)	91% (9)	97% (4)	95% (5)	95% (4)	91% (10)	95% (4)	93% (5)		95% (5)	96% (4)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%		100%			100%			100%					
	Psoriasis (n) - Breaches		100%					To be reported in arrears								

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		98.2%	98.3%	95.4%	93.8%	95.2%	95.3%	93.4%	98.1%	97.8%	94.6%	87.4%	99.6%	99.8%
	% routine tests reported <28 days (Target formerly 100%)		99.7%	99.7%	98.3%	98.4%	96.7%	97.6%	98.0%	99.8%	99.2%	96.2%	**93.7%**	99.9%	100%
% Operations cancelled for non-clinical reasons	LVH – 12 Due to COVID, 4 Due to Surgeon unavailable	SET	0.8%	1.2%	1.6%	1.1%	0.8%	1.4%	2.0%	**3.1%**	**5.8%**	1.3%	**12.5%**	**8.9%**	1.9%
		UHD	0.5%	1.4%	1.2%	1.3%	0.9%	2.0%	**2.9%**	**3.0%**	**6.4%**	1.5%	**10.9%**	**8%**	1.2%
		LVH	0.8%	1.6%	0.7%	1.2%	0.8%	0.7%	0.3%	**3.2%**	**4.3%**	1.5%	**10.6%**	**8.1%**	**3.2%**
		DH	1.6%	1.5%	**4.5%**	0.4%	0.2%	0.5%	0.7%	**3.0%**	**5.8%**	0.4%	**20.6%**	**40%**	0%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 67%**	**Cum 66%**	**Cum 66%**	**Cum 66%**	**Cum 67%**	**Cum 70%**	**Cum 68%**	**Cum 68%**	**Cum 69%**	**Cum 67%**			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 83.6%	Cum 82.9%	Cum 80.4%	Cum 82.9%	Cum 81.0%	Cum 82.6%	Cum 85.0%	Cum 82.6%	Cum 82.0%	Cum 82.6%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		13141	12490	10840	12813	12681	12981	12418	11800	11962	11220	9043	6194	8817
	Ulster Hospital		8492	8338	8226	8377	8270	8411	8271	7888	7657	7328	6136	5156	7347
	Lagan Valley Hospital		2444	2118	2390	2297	2361	2484	2273	2089	2276	2105	1557	1038	1470
	Downe Hospital (inc w/end minor injuries)		2205	2034	2244	2139	2050	2086	1874	1823	2029	1787	1350	0	0
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		9.6%	9.5%	9.6%	9.2%	9.8%	9.6%	10.6%	10.8%	10.7%	9.8%	10.4%	5.7%	6.8%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		**0.7%**	18.5%	**9.3%**	22.8%	**12.3%**	**-4.9%**	**7.1%**	**-9.0%**	**-49.4%**	**10.8%**	**-233%**	**-220%**	**3.3%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5048	4950	4956	4874	4988	5491	4804	4084	5138	4756	3633	1497	2265
Other Operative Fractures	>95% within 48hrs		**67%**	**72%**	**67%**	**58%**	**74%**	**78%**	**76%**	**41%**	**48%**	**75%**	**76%**	93%	**85%**
	100% within 7 days		**92.9%**	96.4%	97.8%	97.4%	95%	97.4%	96.8%	**93.8%**	**97%**	100%	**94.4%**	100%	100%
Stroke	No of patients admitted with stroke		41	29	30	38	31	35	34	34	37	35	37	27	26
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**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)**	**33.3% (262)**	**21.6% (297)**	**6.4% (351)**	**4.4% (326)**
		Ophth	**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)**	**31.0% (361)**	**31.2% (392)**	**17% (395)**	**3.2% (427)**

HOSPITAL SERVICES

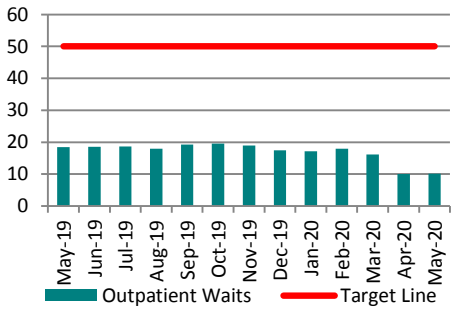
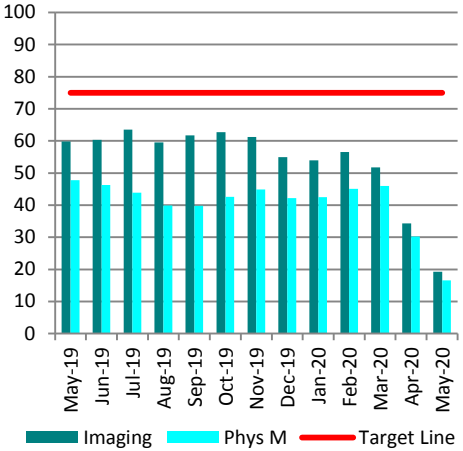
Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.5	6.0	6.7	6.7	6.8	6.8	7.8	8.2	8.8	7.9	9.6	5.9	5.4
	Ave LOS trimmed	4.8	4.9	5.1	5.1	5.2	5.3	5.7	5.5	6.2	5.8	5.7	4.6	4.6
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10.7	11.0	10.6	11.1	10.3	10.9	10.6	10.6	14.1	11.5	13.8	6.6	6.3
	Ave LOS trimmed	6.5	6.2	7.3	7.6	6.9	7.5	7.0	7.0	7.6	7.2	6.9	5.4	5.8
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**74.4%**	**69.5%**	**66.9%**	**73.4%**	**65.2%**	**61.0%**	**62.2%**	**61.7%**	**73.7%**	**68.1%**	**76.7%**	**82.4%**	**86.8%**
	% NEW attendances who left without being seen (Target < 5%)	3.4%	4.3%	4.2%	3.5%	3.1%	3.0%	3.1%	3.0%	2.6%	2.4%	2.4%	1.2%	1.4%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.9%	2.8%	3%	2.6%	3.0%	2.8%	2.4%	2.4%	2.7%	2.7%	2.1%	1.8%	2.5%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	46.8%	43.3%	44.2%	54.1%	51.3%	51.7%	49.3%	50.0%	58.5%	53.4%	62.0%	81.2%	71.5%

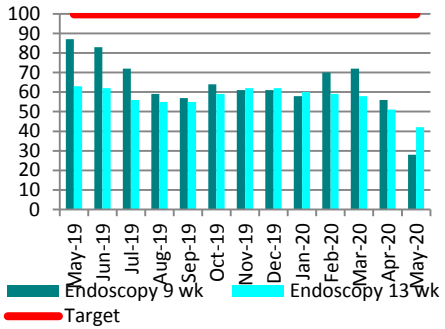
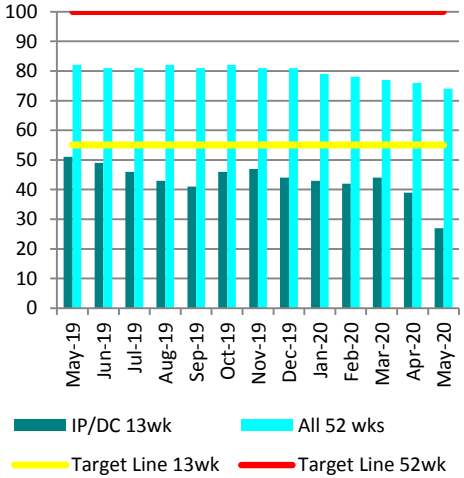
Hospital Services – Corporate Issues

Service Area	Indicator	APR 19	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR
Complaints	How many complaints were received this month?	27	34	30	27	28	29	42	36	25	42	36	17	4
	What % were responded to within the 20 day target? (target 65%)	**33%**	**38%**	**30%**	**33%**	**36%**	**17%**	**29%**	**28%**	**24%**	**31%**	**11%**	**24%**	**0%**
	How many were outside the 20 day target?	18	21	21	18	18	24	30	26	19	29	32	13	4
Freedom of Information Requests	How many FOI requests were received this month?	8	15	10	10	12	14	10	8	7	11	10	3	7
	What % were responded to within the 20 day target? (target 100%)	**75%**	**93%**	**90%**	**90%**	**50%**	**71%**	**60%**	**88%**	**71%**	**82%**	**70%**	**66%**	**71%**
	How many were outside the 20 day target?	2	1	1	1	6	4	4	1	2	2	2	0	4

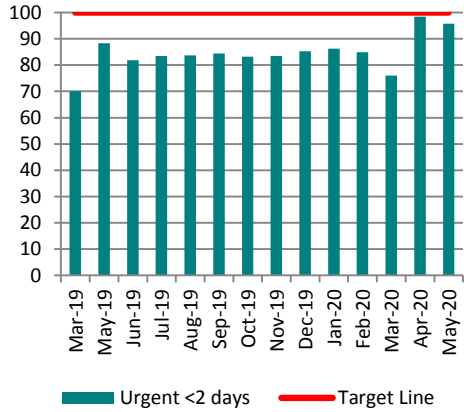
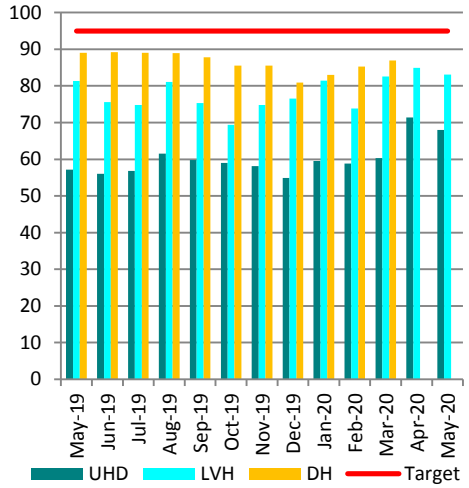
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE MAR	PERFORMANCE APR	PERFORMANCE MAY	TREND
Outpatient Waits	From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks.	% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >52 wks	**16.2%** **[66041]** **(55360)** **{21055}**	**10.0%** **[65435]** **(58875)** **{32632}**	**10.1%** **[65537]** **(58926)** **{32619}**	
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.*	**51.8%** **[10455]** **(5036)** **{1854}**	**34.3%** **[10452]** **(6868)** **{2260}**	**19.3%** **[10345]** **(8353)** **{2743}**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**46%** **(3773)** **{1227}**	**30.2%** **(5055)** **{1632}**	**16.6%** **(6983)** **{1965}**	
	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)	**72%** **[1673]** **(465)**	**56%** **[1989]** **(876)**	**28%** **[2138]** **(1544)**	

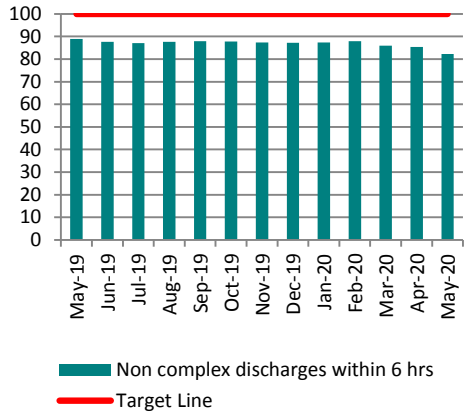
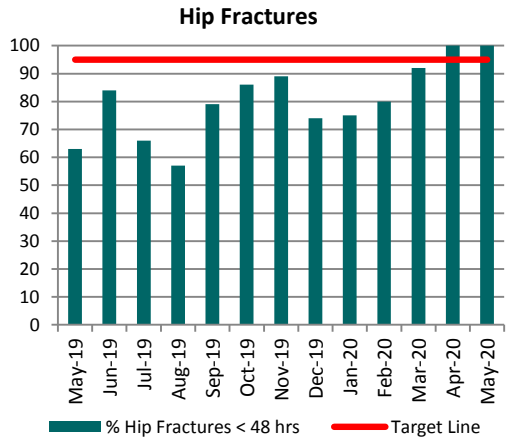
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE MAR	PERFORMANCE APR	PERFORMANCE MAY	TREND
	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 (13 wk target)** [n] = total waiting (n) = breaches	**58%** **[715]** **(301)**	**51%** **[728]** **(355)**	**42%** **[635]** **(371)**	
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	**44%** **(5313)**	**39%** **(6089)**	**27%** **(7322)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**77%** **(2190)**	**76%** **(2390)**	**74%** **(2630)**	

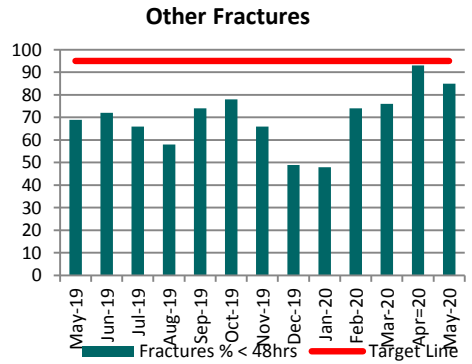
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In May 2020, of 2228 total urgent tests reported, 2135 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**76.0%** **(597)** **[2485]**	98.4% (23) [1438]	95.8% (93) [2228]	
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** **10312** **[7429]** **72.0%** **(514)** **UH** **6136** **[3702]** **60.3%** **(495)** **LVH** **1557** **(1286)** **82.6%** **(1)** **DH** **1350** **[1173]** **86.9%** **(18)**	**SET** **6614** **[4981]** **75%** **(21)** **UH** **5156** **[3680]** **71.4%** **(21)** **LVH** **1038** **[881]** **84.9%** **(0)** DH 0 [0] n/a (0)	**SET** **9393** **[6791]** **72.3%** **(205)** **UH** **7347** **[4993]** **68.0%** **(205)** **LVH** **1470** **[1222]** **83.1%** **(0)** DH 0 [0] n/a (0)	

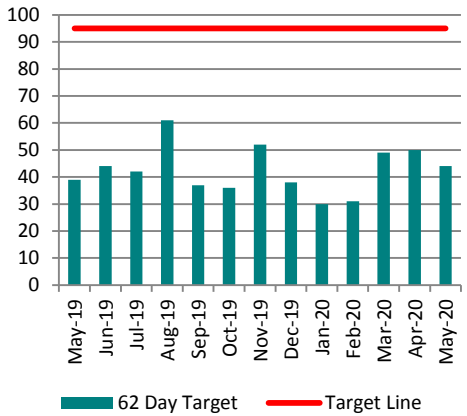
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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	**85.9%** **2205** **(311)**	**85.4%** **1387** **(204)**	**82.2%** **1828** **(325)**	
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	92% 26 (24) [2]	100% 32 (32) [0]	96% 46 (44) [2]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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 is under investigation.	**76%** **29** **(22)** **[7]** **{1}**	**93%** **14** **(13)** **[1]** **{0}**	**85%** **26** **(22)** **[4]** **{0}**	
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	**8%** **3** **(37)**	18.5% 5 (27)	19.2% 5 (26)	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 46 SET CBYL referrals received during April 2020. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (42) [0]	100% (46) [0]	100% (99) [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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 May 2020, 62 patients were seen. There were 34.5 breaches involving 43 patients, of whom 8.5 were shared Revisions post patient pathway confirmation and pathology validation:- Apr was 54%, 65 seen (30), now 50% 87.5 seen, (43.5) Mar was 48% 95 seen (49.5), now 49% 99 seen, (50)	**49%** **99** **(50)**	**50%** **87.5** **(43.5)**	**44%** **62** **(34.5)**	
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	98.3% [222] 231 (4) {17}	99% [117] 103 (1) {38}	99.3% [165] 147 (1) {21}	
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	93% 198 (14)	95% 174 (8)	96% 112 (4)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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	**-232.9%** **6671** **(5067)**	**-220%** **6421** **(4817)**	**3.3%** **1938** **(334)**	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	100% (9) [0]			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 PEOPLE SERVICES

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Allied Health Professions waits	All < 13 weeks	**86.8%**	**86.5%**	**88.0%**	**86.1%**	**86.0%**	**88.8%**	**91.7%**	**90.5%**	**92.2%**	**93.6%**	**93.4%**	**80.4%**	**56.2%**
Complex Discharges	Min. 90% <48hrs (SET TOR)	**82.8%**	**82%**	**86.1%**	**79.8%**	**77.4%**	**73.8%**	**76.3%**	**80.7%**	**73.6%**	**77.4%**	**72.4%**	**81.3%**	**74.2%**
	Min. 90% <48hrs (SET in SET beds)	**84.2%**	**83.2%**	**88.4%**	**79.5%**	**79.1%**	**79.0%**	**77.6%**	**79.4%**	**72.2%**	**77.2%**	**73.9%**	**83.3%**	**73.6%**
	Min. 90% <48hrs (All in SET beds)	**79.3%**	**79.9%**	**85.2%**	**75%**	**74.5%**	**77.8%**	**76.9%**	**76.1%**	**68.8%**	**75.5%**	**67.4%**	**77.1%**	**63.9%**
	Number complex discharges	**552**	**541**	**554**	**521**	**502**	**553**	**533**	**502**	**516**	**440**	**402**	**240**	**277**
	ALL <7days	95.3%	95%	95.7%	**93.7%**	**90.0%**	95.7%	**93.2%**	**93.0%**	**89.9%**	**94.5%**	**91.3%**	**94.2%**	**93.5%**
	SET and Other TOR	97.4%	95.8%	96.6%	**94.4%**	**93.1%**	**93.1%**	**93.9%**	**94.3%**	**91.7%**	**95.3%**	**93.1%**	**94.2%**	**94.4%**
	Belfast TOR	**88%**	**92.2%**	**92%**	**92.0%**	**90.8%**	**94.7%**	**91.1%**	**89.1%**	**83.0%**	**91.4%**	**85.4%**	**94.3%**	**91.3%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 1 700		Quarter 2 637 (cum 1337)			Quarter 3 751 (cum 2088)			**Reported Quarterly in arrears**				
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**84%**	**84%**	**81%**	**83%**	**89%**	**89%**	**84%**	**84%**	**88%**	**85%**	**80%**	**88%**	**87%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**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)**	**33.3% (489)**		**18.5% (595)**	**19.3% (586)**
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	4156	4206	4320	4239	4353	4346	4398	4496					
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 1 394		Quarter 2 435 (cum 829)			Quarter 3 460 (cum 1289)			Quarter 4 257 (cum 1546)				
Direct Payments	By March 2018, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	165	165	169	171	171	173	178	179	182	182	186	188	184
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 1 55872.5 Hours		Quarter 2 77418 Hours (cum 133,290.5 Hours)			Quarter 3 43, 727 Hours (cum 177, 017.5 Hours)			Quarter 4 50 033 Hours (cum 227050.5 hours)				

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Assess and Treat Older People	Main components of care needs met <8 weeks		96.1%	**94.2%**	98.3%	98.9%	100%	100%	97.7%	97.1%	100%	97%	97%	94.2%	100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches		**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)**	**65% (28)**	**77.4% (21)**		
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	53.5% (1049)	56.3% (955)	57% (903)	56.5% (921)	64.6% (705)	72.2% (499)	82.7% (279)	85.6% (206)	66.6% (548)	74.6% (395)	78.5% (290)	54.4% (412)	49.2% (240)
		<52wks	**94.6% (122)**	99% (22)	99.9% (1)	99.9% (1)	99.9 (1)	100% (0)	99.9% (1)	99.9% (1)	**85.3% (241)**	99.8% (3)	100% (0)	100% (0)	100% (0)

Directorate KPIs & SQE Indicators

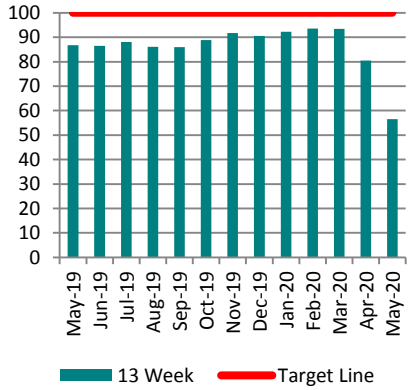
Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	**31%**	44%	**21%**	**30%**	44%	45%	61%	44%	47%	**38%**	52%	53%	42%

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care & Older People Services - Corporate Issues

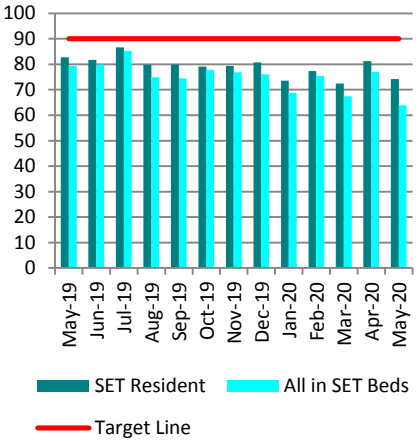
Service Area	Indicator	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	5	10	8	6	3	9	11	10	12	11	7	2
	What % were responded to within the 20 day target? (target 65%)	**0%**	**50%**	**25%**	**50%**	**33%**	**33%**	**55%**	**20%**	**50%**	**45%**	**14%**	**0%**
	How many were outside the 20 day target?	5	5	6	3	2	6	5	8	6	6	3	4
Freedom of Information Requests	How many FOI requests were received this month?	3	2	2	2	1	3	0	0	3	3	0	1
	What % were responded to within the 20 day target? (target 100%)	**33%**	**50%**	100%	**50%**	**0%**	100%	n/a	n/a	100%	**33%**	n/a	100%
	How many were outside the 20 day target?	2	1	0	1	1	0	0	0	0	2	0	0

PRIMARY CARE AND OLDER PEOPLES SERVICES

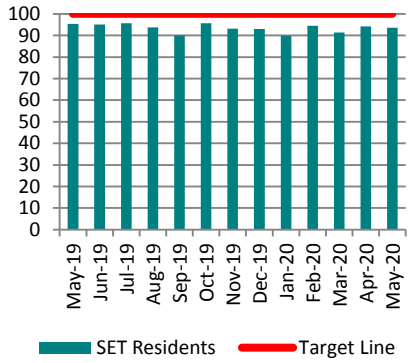
<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>MAR</th><th>APR</th><th>MAY</th></tr>
<tr>
<td>AHP Waits</td>
<td>No patient to wait longer than 13 weeks from referral to commencement of treatment</td>
<td>At 31st May 2020 of 7747 patients on the AHP waiting list, 3372 are waiting longer than 13 weeks.
<table>
<tr><th>Service</th><th>No on W/L</th><th>Waiting >13 wks</th><th>Comp-liance</th></tr>
<tr><td>Physio</td><td>2681</td><td>997</td><td>62.8%</td></tr>
<tr><td>OT</td><td>1467</td><td>700</td><td>52.3%</td></tr>
<tr><td>Orthoptics</td><td>252</td><td>70</td><td>72.2%</td></tr>
<tr><td>Podiatry</td><td>1386</td><td>766</td><td>44.7%</td></tr>
<tr><td>Adults S&LT</td><td>768</td><td>480</td><td>37.5%</td></tr>
<tr><td>Childrens S&LT</td><td>330</td><td>86</td><td>73.9%</td></tr>
<tr><td>Dietetics</td><td>863</td><td>273</td><td>68.4%</td></tr>
</table>
[n] = total waiting
(n) = breaches</td>
<td>93.4%
[9573]
(628)</td>
<td>80.4%
[8201]
(1611)</td>
<td>56.5%
[7747]
(3372)</td>
<td> 
</td>
</tr>
<tr>
<td>Complex Discharges</td>
<td>90% of complex discharges should take place within 48 hours.</td>
<td>All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB Web Portal).

(n) = 48 hr breaches

Revisions post validation:-
n/a

SET Key reasons:-
• No Domiciliary Care Package
• Patient / Family resistance</td>
<td>72.4%
(107)</td>
<td>81.3%
(41)</td>
<td>74.2%
(73)</td>
<td> 
</td>
</tr>
</table>

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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:- Mar was 67.4% (402) SET 81 BT 13 ST 2 Apr was 77.1% (240) SET 28 BT 27 ST 2	**67.7%** **(405)** **>48 hrs By Trust of res** **SET 81 BT 48 ST 2**	**77.1%** **(240)** **>48 hrs By Trust of res** **SET 28 BT 27 ST 0**	**63.9%** **(277)** **>48 hrs By Trust of res** **SET 52 BT 48**	
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:- Mar was 73.5% 313 (83) now 73.9% 318 (83) Apr was 83.5% 170 (28) now 83.6 171 (28)	**73.9%** **318** **(83)**	**83.6%** **171** **(28)**	**73.6%** **197** **(52)**	
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:-	**91.3%** **402** **(35)** **SET 20 BT 13 ST 2**	**94.2%** **240** **(14)** **SET 10 BT 4**	**93.5%** **277** **(18)** **SET 11 BT 7**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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:- Mar 93.0% 313 (22) now 93.1% 318 (22) Apr 94.1% 170 (10) now 94.2% 171 (30)	**93.1%** **318** **(22)**	**94.2%** **171** **(10)**	**94.4%** **197** **(11)**	
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:- Mar 85.2% 88 (13) now 85.1% 87 (13) Apr 94.3% 70 (4) now 94.2% 69 (4)	**85.1%** **87** **(13)**	**94.2%** **69** **(4)**	**91.3%** **80** **(7)**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 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.**	**774** **(cum 2884)**	700 (cum 700)	637 (cum 1337)	751 (cum 2088)	**Reported in arrears**	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

Service Area	Target	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**84%**	**82%**	**81%**	**83%**	**89%**	**89%**	**84%**	**84%**	**88%**	**85%**	**80%**	**88%**	**87%**
	Total Number of Urgent Calls	1301	1376	1058	1022	1103	1204	1623	1770	1367	1403	1480	672	909
	Urgent Calls within 20 minutes	1095	1154	858	843	982	1071	1367	1494	1202	1154	1181	591	805
	100% of less urgent calls triaged within 1 hour	**70%**	**68%**	**67%**	**76%**	**75%**	**66%**	**54%**	**54%**	**73%**	**64%**	**58%**	**83%**	**79%**
	Total Number of Routine Calls	6250	4026	5361	5547	5725	5648	6500	7149	5932	6332	7389	4679	5947
	Routine calls within 1 hour	4387	2162	3599	4200	4275	3724	3506	3831	4316	4026	4260	3877	4714

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	86	71	93	94	101	115	106	94					
Adult MH Services waits	All < 9 weeks	97.6%	98.4%	100%	99.1%	99.3%	100%	98.9%	**93%**	**91.3%**	**85.6%**	**82.2%**	**80%**	*
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 1	59	Quarter 2 67 (cum 126)			Quarter 3 57 (cum 183)			Quarter 4 275 (cum 332)				
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	100%	92.7%	95%	92.3%	**94.2%**	**91.5%**	**85.2%**	**89.1%**	**87.0%**	**77%**	**86%**
	All < 28 days (no. Breaches)	3	3	5	2	2	5	3	4	9	6	9	8	7
	All follow-up < 7 days from discharge	100%	98.7%	98.7%	98.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

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

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	APR 19	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	4	8	8	9	6	5	11	6	8	13	5	6
	What % were responded to within the 20 day target? (target 65%)	**17%**	75%	**25%**	**38%**	**44%**	67%	**20%**	**45%**	**50%**	63%	69%	60%	67%
	How many were outside the 20 day target?	5	1	6	5	5	2	4	6	3	3	4	2	5
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	2	4	3	5	4	0	4	1	2	3	2	2	1
	What % were responded to within the 20 day target? (target 100%)	**0%**	**50%**	100%	100%	**50%**	n/a	100%	100%	100%	100%	**0%**	**0%**	100%
	How many were outside the 20 day target?	2	2	0	0	2	0	0	0	0	0	2	0	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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	**82.2%** **858** **[153]**	**80%** **317** **[62]**	*	Significant increase in pressures in Ards Team with no breeches in other areas. Issue has been escalated and briefing paper prepared.
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 49 SET discharges in May 2020	**87.0%**	**77%**	**86%**	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	May 2020 there were 7 delayed discharges	9	8	7	Down MHIPU = 4 Ward 27 UHD = 1 Various reasons – including placement issues
	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 49 SET discharges in May. 34 people were offered 7 day follow up. 6 Patients were forwarded to other Trusts 1 Patient was from the Republic of Ireland.	100%	100%	100%	6 Patients were forwarded to other Trusts. 4 to the Belfast Trust, 1 to the Western Trust. 1 person was outside Northern Ireland – from the Republic of Ireland

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
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**	**3**	**4**	**7**	**7**	**7**	**7**	**6**	**6**	**6**	**5**	**5**
	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.	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)	844	842	849	855	860	869	887	890	897	897	916	924	922

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**80%**	100%
	Main components of care needs met <8 weeks	100%	**0%**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
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	276	277	278	279	285	284	292	293	295	295	302	275	273
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	384	380	382	385	384	391	395	395	396	396	404	437	441
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	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)	0 (cum 2)	0	0
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	98%	96.6%	100%	97.5%	100%	94%	**90%**	98%	100%	100%	100%	100%	100%

		Quarter 4 (18/19)	Quarter 1 (19/20)	Quarter 2 (19/20)	Quarter 3 (19/20)	Quarter 4 (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)	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	**64 (cum 180)**	56	42 (cum 98)	53 (cum 151)	43 (cum 194)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	18 (cum 155)	28	33 (cum 61)	39 (cum 100)	58 (cum 158)
	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: 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)	LD:23, 223.5Hrs (cum 138237.3 Hrs) PD: 23, 402 hrs (cum 95 476 Hrs)
	Achieve minimum 88% internal environment cleanliness target.	90%	92%	95%	93%	94%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

Service Area	Indicator	APR 19	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	4	8	8	9	6	5	11	6	8	13	5	6
	What % were responded to within the 20 day target? (target 65%)	**17%**	75%	**25%**	**38%**	**44%**	67%	**20%**	**45%**	**50%**	63%	69%	60%	67%
	How many were outside the 20 day target?	5	1	6	5	5	2	4	6	3	3	4	2	5
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	0	0	0	0	0	0	0	0	0	2	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	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 – DISABILITY SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>MAR</th><th>APR</th><th>MAY</th><th></th></tr>
<tr><td rowspan="2">Discharge</td><td>Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.</td><td>All patients discharged within the target time during February.</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>No discharge taking longer than 28 days.</td><td>The Trust currently has 5 people awaiting discharge.

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

(6)</td><td>5

(5)</td><td>5

(5)</td><td>Muckamore:-<table><tr><th>Delay in days</th><th>Mar</th><th>Apr</th><th>May</th></tr><tr><td>0-7</td><td>0</td><td>0</td><td>0</td></tr><tr><td>8-28</td><td>0</td><td>0</td><td>0</td></tr><tr><td>29-90</td><td>0</td><td>0</td><td>0</td></tr><tr><td>91-365</td><td>2</td><td>2</td><td>2</td></tr><tr><td>>365</td><td>4</td><td>3</td><td>3</td></tr><tr><td>Total</td><td>6</td><td>5</td><td>5</td></tr></table></td></tr>
<tr><td>Resettlement</td><td>By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.</td><td>Three patients remain to be resettled.</td><td>3 people remain to be resettled</td><td>3 people remain to be resettled</td><td>3 people remain to be resettled</td><td></td></tr>
<tr><td rowspan="2">Self Directed Support</td><td rowspan="2">By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.</td><td>Physical Disability</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Learning Disability</td><td></td><td></td><td></td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
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)	99.1% (2)	95.3% (9)	99.6% (1)
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal	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)	99.9% (2)	99.1% (2)	99.5% (1)	99.2% (2)
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%	**50%**
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.	**66%**	**59%**	**64%**	**63%**	**72%**	**48%**	**68%**	**61%**	**54%**	99.3%	**68%**	**50%**	**37.5%**

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	APR 19	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	4	8	8	9	6	5	11	6	8	13	5	6
	What % were responded to within the 20 day target? (target 65%)	**17%**	75%	**25%**	**38%**	**44%**	67%	**20%**	**45%**	**50%**	63%	69%	60%	67%
	How many were outside the 20 day target?	5	1	6	5	5	2	4	6	3	3	4	2	5
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	0	0	0	1	0	1	0	0	0	2	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	100%	n/a	100%	n/a	n/a	n/a	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

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

Note: Magilligan Prison is not a committal prison so only receives transfers and is not covered by this target.</td><td>99.1%
221
(2)</td><td>95.3%
190
(9)</td><td>99.6%
251
(1)</td><td>1 patient refused</td></tr>
<tr><td>All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.</td><td>% = performance
n = total committals
(n) = breaches

<table><tr><th></th><th></th><th>Mar</th><th>Apr</th><th>May</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td></td><td></td><td>214</td></tr><tr><td>Breaches</td><td></td><td></td><td>1</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td></td><td></td><td>37</td></tr><tr><td>Breaches</td><td></td><td></td><td>0</td></tr></table></td><td>99.1%
219
(2)</td><td>99.5%
186
(1)</td><td>99.2%
249
(2)</td><td>4 patients released prior to Comprehensive Health Assessment

1 patient refused/carried forward
1 delayed due to workload</td></tr>
<tr><td>Inter-Prison Transfers</td><td>On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.</td><td>% = performance
n = total transfers
(n) = breaches</td><td>100%
30
(0)</td><td>100%
1
(0)</td><td>50%
2
(1)</td><td>1 seen the following morning as Healthcare not aware of the move</td></tr>
<tr><td>Emergency Care</td><td>In an emergency, prisoners will be seen by Prison Healthcare staff within an hour.
Emergencies are defined as “Code Blue” or “Code Red” calls for assistance.</td><td>% = performance
n = total emergencies
(n) = breaches</td><td>100%
17
(0)</td><td>100%
14
(0)</td><td>100%
15
(0)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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.	% = Compliance (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. [n] = number of patients livening in prison waiting >9wks for appointment	**68%** **53** **(17)**	**50%** **38** **(19)**	**37.5%** **8** **(3)**	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Psychological Therapies waits	All < 13 weeks	**50.0%**	**45.1%**	**44.7%**	**43.7%**	**43.3%**	**32.1%**	**35.0%**	**31.1%**	**31.1%**	**29.2%**	**29.6%**	**37.7%**	**23.5%**

Adult Services Directorate – Clinical Psychology Services – KPIs

	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR		APR	MAY
Direct Contacts (cum)	2524 (4725)	2145 (6870)	2136 (9006)	2057 (11063)	2111 (13174)	2431 (15605)	2256 (17861)	1615 (19476)	2123 (21599)	2073 (23672)	2293 (25965)		2231	2286 (4517)
Consultations (cum)	117 (224)	112 (336)	87 (423)	124 (547)	153 (700)	108 (808)	92 (900)	116 (1016)	113 (1129)	138 (1267)	153 (1420)		88	102 (190)
Supervision - Hours (cum)	186 (361)	172 (533)	161 (694)	143 (837)	168 (1005)	148 (1153)	183 (1336)	148 (1484)	150 (1634)	116 (1750)	131 (1881)		124	140 (264)
Staff training - Hours (cum)	135 (286)	97 (383)	88 (471)	117 (588)	141 (729)	41 (770)	84 (854)	101 (955)	108 (1063)	102 (1165)	110 (1275)		6.5	10 (16.5)
Staff training - Participants (cum)	333 (606)	189 (795)	253 (1048)	192 (1240)	375 (1615)	173 (1788)	346 (2134)	258 (2392)	343 (2735)	375 (3110)	184 (3294)		17	48 (65)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	4	8	8	9	6	5	11	6	8	13	5	6
	What % were responded to within the 20 day target? (target 65%)	**17%**	75%	**25%**	**38%**	**44%**	67%	**20%**	**45%**	**50%**	63%	69%	60%	67%
	How many were outside the 20 day target?	5	1	6	5	5	2	4	6	3	3	4	2	5

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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	**29.6%** **(1339)** **[943]**	**37.7%** **(1379)** **[895]**	**23.5%** **(1356)** **[1038]**	
		Breaches	**MAR**	**APR**	**MAY**	**Longest Wait (days)**
		Adult Mental Health	**605**	**580**	**636**	552
		Older People	**30**	**31**	**50**	380
		Adult Learn Dis	**39**	**35**	**51**	346
		Children's Learn Dis	**18**	**17**	*	*unavailable at time of publication
		Adult Health Psych	**194**	**174**	**229**	428
		Children's Psych	**57**	**58**	**72**	328
		Total	**943**	**895**	**1038**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	MAY 19	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAR
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% (2)	100% (5)	100% (3)	100% (7)	100% (3)	100% (1)	100% (4)	100% (3)	100% (7)	100% (1)	100% (3)	100% (2)
	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)			
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)	96.8% (1)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	**94.4% (2)**	100% (0)	95.5% (3)	100% (0)	97.2% (1)	100% (0)	100% (0)	95.9% (2)	**84.1% (13)**	**94.1% (4)**	96.6% (1)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	**70.6% (5)**	**80% (4)**	**71.4% (4)**	100% (0)	**85.7% (2)**	**85.7% (2)**	**80% (3)**	**92.9% (1)**	**85.7% (2)**	**81.3% (3)**	**82.4% (3)**	**77.3% (5)**	**84.6% (2)**
	All LAC assessment <14 days of child becoming Looked After. (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 Family Support referrals for assessment to be allocated <30 days from receipt	**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)**	**92.7% (13)**	**93.6% (11)**	**67.6% (34)**	**90.3% (9)**
	All Family support initial assessment completed <10 days of allocation	**26.5%**	**33.3%**	**47.2%**	**29%**	**35.2%**	**29.7%**	**29.4%**	**22.5%**	**25.2%**	**34.3%**	**21.4%**	**20.2%**	**34.5%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**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)**	**52.6% (9)**	**50% (11)**	**47.4% (10)**	**65.7% (12)**
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 1 14		Quarter 2 91 (cum 105)			Quarter 3 24 (cum 129)			Quarter 4 10 (cum 139)				
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	171	156	156	111	133	114	162	207	181	210	206	197	220
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	143	142	132	103	115	93	132	171	137	144	184	183	196

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY
Fostering	Number of Mainstream Foster Carers	376	387	382	382	378	382	390	390	392	389	383	387	391
	Number of children with Independent Foster Carers	64	67	64	67	71	72	73	72	73	74	77	77	77
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	92.7%	96.7%	94.9%	93.3%	94.4%	94%	94.8%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	**Quarter 1 88.1%**		**Quarter 2 87.8%**			**Quarter 3 88.2%**			**Quarter 4 87.6%**				
	All women are offered the recommended ante-natal visit by a Health Visitor (reporting is 2 mths in arrears)	**93%**	96%	97.5%	98%	96.4%	97.4%	98.4%	97.1%	96%	95.1%	96.1%	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)	**46.8%**	**46.1%**	**35.5%**	48.1%	47.8%	**37.5%**	52.8%	54%	50.8%	51.9%	54.1%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	225	226	248	198	201	241	262	301	293	326	282	227	268
	Family Centre Waiting List at month end	21	16	16	20	24	32	24	23	16	20			
Care Leavers	At least 75% aged 19 in education, training or employment	77%	76%	72%	75%	75%	76%	75%	75%	76%	76%	**67%**	70%	70%

Children's Services - Corporate Issues

Service Area	Indicator	APR 19	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR
Complaints	How many complaints were received this month?	10	4	10	7	6	7	15	11	3	5	6	3	2
	What % were responded to within the 20 day target? (target 65%)	**30%**	**25%**	**50%**	**29%**	67%	**57%**	**27%**	**36%**	**33%**	**0%**	**17%**	**0%**	**0%**
	How many were outside the 20 day target?	7	3	5	5	2	3	11	7	2	5	5	3	2
Freedom of Information Requests	How many FOI requests were received this month?	2	2	1	1	5	5	1	3	3	2	3	3	1
	What % were responded to within the 20 day target? (target 100%)	**50%**	100%	**0%**	**0%**	**80%**	**80%**	**0%**	**67%**	**33%**	**50%**	**0%**	**0%**	**0%**
	How many were outside the 20 day target?	1	0	1	1	1	1	1	1	2	1	0	0	0

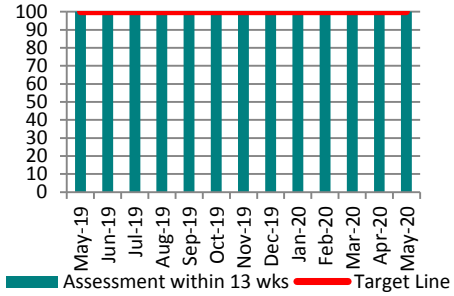
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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% (1)	100% (3)	100% (2)	
	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 children taken into care during September 2019. were for Respite/Shared Care. were discharged. Of the remaining all had a plan in place by March 2020 % = % compliance (n)= number of children without permanence plan within 6 months.				

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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% (27) [27]	96.8% (31) [30]	100% (16) [16]	
	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.	96.6% (29) [28]	100% (43) [43]	100% (25) [25]	
	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	**82.4%** **(17)** **[14]**	**77.3%** **(22)** **[17]**	**84.6%** **(13)** **[11]**	
	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% (6) [6]	100% (23) [23]	100% (14) [14]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
	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	**93.6%** **(172)** **[161]**	**67.6%** **(105)** **[71]**	**90.3%** **(93)** **[84]**	
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	**21.4%** **(126)** **[27]**	**20.2%** **(104)** **[21]**	**34.5%** **(84)** **[29]**	
	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.	**50%** **(22)** **[11]**	**47.4%** **(19)** **[9]**	**65.7%** **(35)** **[23]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st May 2020, 36 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 54 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	100% < 13 wks (0)	

CHILDREN'S SERVICES

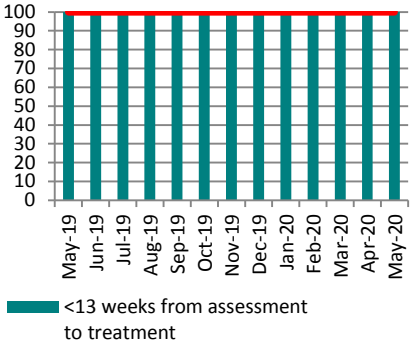
<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>MAR</th><th>APR</th><th>MAY</th><th></th></tr>
<tr><td></td><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>31st May 2020 – 59 total waiters:-

<table><tr><td>0 – 4 wks</td><td>4</td></tr><tr><td>>4 – 8 wks</td><td>0</td></tr><tr><td>>8 – 13 wks</td><td>33</td></tr><tr><td>> 13 wks</td><td>22</td></tr><tr><td>Total</td><td>59</td></tr></table>
Longest wait = 145 Days

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

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

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

(0)</td><td> 
</td></tr>
<tr><td>Unallocated Cases</td><td>Monitor the number of unallocated cases in Children's Services</td><td>n = unallocated over 20 days
(n) = total awaiting allocation at 31st May 2020

<table><tr><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr><tr><td>1
(14)</td><td>63
(48)</td><td>171
(191)</td><td>220
(268)</td></tr></table></td><td>206

(282)</td><td>197

(227)</td><td>220

(268)</td><td><table><tr><th></th><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr><tr><td>< 1 wk</td><td>10</td><td>0</td><td>3</td><td>13</td></tr><tr><td>1-4 wks</td><td>3</td><td>15</td><td>17</td><td>35</td></tr><tr><td>4-8 wks</td><td>0</td><td>4</td><td>29</td><td>33</td></tr><tr><td>> 8 wks</td><td>1</td><td>44</td><td>142</td><td>187</td></tr><tr><td>Total</td><td>14</td><td>63</td><td>191</td><td>268</td></tr></table>
<table><tr><th>Area</th><th>Longest Wait</th></tr><tr><td>Gateway</td><td>83</td></tr><tr><td>Disability</td><td>132</td></tr><tr><td>FIT</td><td>480</td></tr></table></td></tr>
</table>

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	43 Cum – 245 enrolled and set quit date. 1 vacant post.	Previous figures for Q1 and Q2 included referrals to the service with totalled 1015 in 19/20
		Target: **60% Quit rate at 4 weeks** n = number quit at 4 wks % = Quit rate	50 78.1%	20 41.6%	46 73%	25 70% quit rate. Service impacted due to COVID-19	
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)	53 (cum 259)	Q1 = 125 Referrals into service Q2 = 127 Referrals into service

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
		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	53 Setting quit date in Q4 (cum enrolled and set a quit date in 19/20 208) Quit rate at 4 weeks in Q4 70%	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500	541	535	545	522	
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	29	56	76	88	

WORKFORCE AND EFFICIENCY

PERFORMANCE IMPROVEMENT TRAJECTORIES

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				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).	2019-20 Year End absence was 6.8% (target 6.22%) HR to work collaboratively with the operational Directorates to address absence figures.	6.2% (Adj.)	6.4% (Cum)	7.6% (Cum)	7.32% (cum)	Q4: 2018-19 =6.55 (cum) Q4: 2017-18 = 6.97 (cum) Q4: 2016-17 = 6.71 (cum) Q4: 2015-16 = 6.84 (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 Q4 100 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. Induction format changing to new Welcome Event should hopefully increase update after lockdown ends	62%	70%	60%	63%	Q4: 2018-19 = 68% Q4: 2017-18 = 75% Q4: 2016-17 = 67% Q4: 2015-16 = 73%
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%). COVID-19 negatively impacted on the usually year-end reporting of appraisals.	42%	44%	42%	40%	Q4: 2018-19 = 47% Q4: 2017-18 = 44% Q5: 2016-17 = 48% Q4: 2015-16 = 42%
	By March 2020 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 99% appraisal uptake at Year-end 2018-19 (target 95%).	34%	80%	99%	99.9%	

PERFORMANCE IMPROVEMENT TRAJECTORIES

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				TREND
			Q1	Q2	Q3	Q4	
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%	33%	The Trust provided Working Well with Interpreter training sessions for staff in LHC in February 2020. A total of 11 staff attended and evaluation was excellent. The Trust had arranged a further two sessions for March 2020, in UHD and Downshire, but these were cancelled due to the guidance on the postponement of staff training due to the impact of COVID-19. These sessions will be rescheduled at an appropriate time during 2020.
	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%	100%	QSR published as planned.

PERFORMANCE IMPROVEMENT TRAJECTORIES

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				TREND
			Q1	Q2	Q3	Q4	
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)	80.7% Bank 19.3% Agency (cum)	Despite the target being missed it should be noted that during 2019/20 the Trust corporate Bank service filled 145571 Bank and Agency shifts equating to over 1 million hours (1,143,986) a 25.6% increase on filled shifts from 2018/19. There is a 3 point plan in place to focus aggressively on reducing the usage in 20/21 1. Cloud Access to book bank shifts at home 2. Continued growth of student nurse scheme to join bank as band 2 SNA and increased engagement with this group through CBO facebook to book shifts. A Review and step back from the times bank shifts are sent to agency
	By March 20 to increase the Users of the Corporate Bank Service by 10%	The Corporate Bank aims to continue to increase its users	2% (Cum)	6% (Cum)	8% (Cum)	11% (cum)	By march 2020 the CBO client base at 259 clients, showed a net growth of 11% throughout the year. This growth has been driven by expansion into social care.

PERFORMANCE IMPROVEMENT TRAJECTORIES

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				TREND
			Q1	Q2	Q3	Q4	
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%	**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. Work to meet a March target has been delayed with Covid-19 Further meetings to be arranged September 2020. Discussions planned with Director Hospital Services/HR to continue. Also to be progressed with Ads in Adult Services/Primary Care.
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 attended (not unique attendees)	20 programmes/activities 632 attending	12 programmes/activities 662 attending	14 programmes/ activities 854 attending	
	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	3 sessions delivered 72 staff attended Cum 277	

PERFORMANCE IMPROVEMENT TRAJECTORIES

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				TREND
			Q1	Q2	Q3	Q4	
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					