South Eastern Health and Social Care Trust

Paper No. SET/35/21

Integrated Performance Management & Accountability Framework
Corporate Scorecard
May 2021

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
January 2021

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.02.2021

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

NOTE: As the impact of COVID-19 continues the decision has been taken by the Chief Nursing Officer, Charlotte McCardle, in a letter to the five Trusts on 7th January 2021 to once again suspend the reporting of the KPIs to focus on the priority of providing safe patient care and supporting staff to achieve this. The PHA are continuing to monitor the outcome measures and there is a planned review of the position of reinstating monitoring and reporting data in June 2021.

South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.02.2021

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

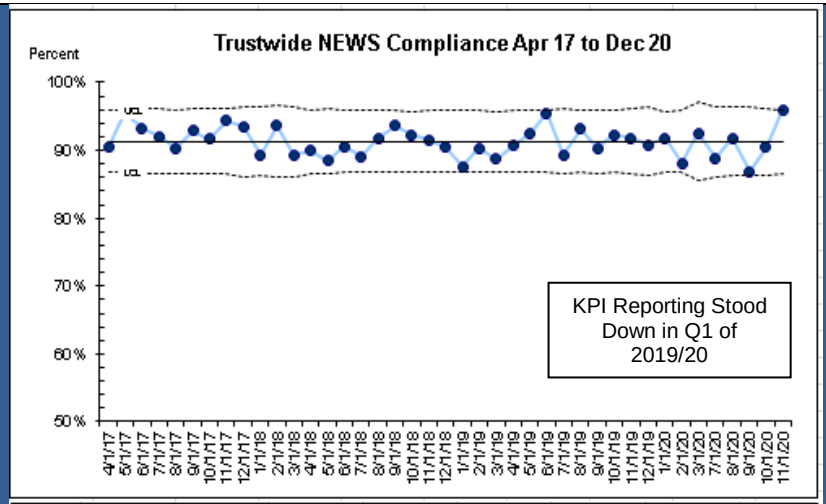
The Regional agreement was for all Trusts to move to NEWS 2 by 31st March 2020, supported by e-learning modules from Royal College of Physicians.

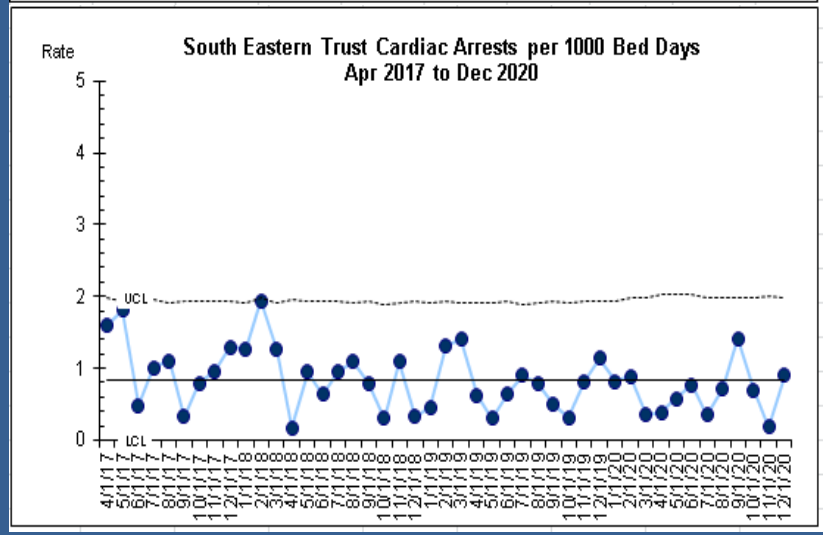
NEWS2
-Apart from the wards which are using NEWS electronically on eDAMS the rest of the areas have now moved to using NEWS2.

-Testing continues with regards to NEWS2 for eDAMS, once complete and satisfactory the wards currently using NEWS electronically will move to NEWS2 and then there will be a plan to scale and spread to all areas on eDAMS

-The art work for the NEWS2/Neuro-obs charts has been agreed and is in the process of procurement. Areas will then be informed of ordering details and a date will be agreed for immediate change over and old stock will be discarded.

Trend





Variation

Lowest compliance question: Part 2: If NEWS score is above 5, is there evidence of actions taken (95%)

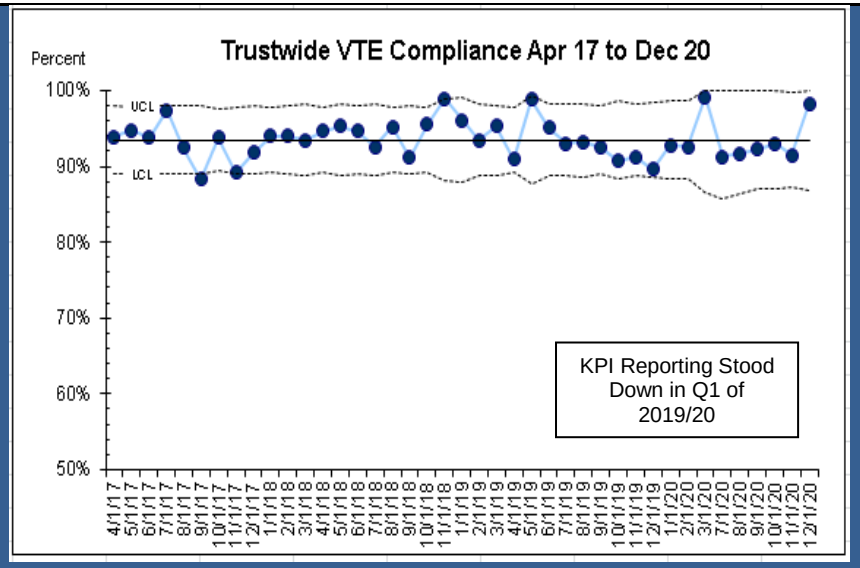
2018/19
Average compliance 90%

2019/20
Average compliance 90%

2020/21
Average compliance 91%

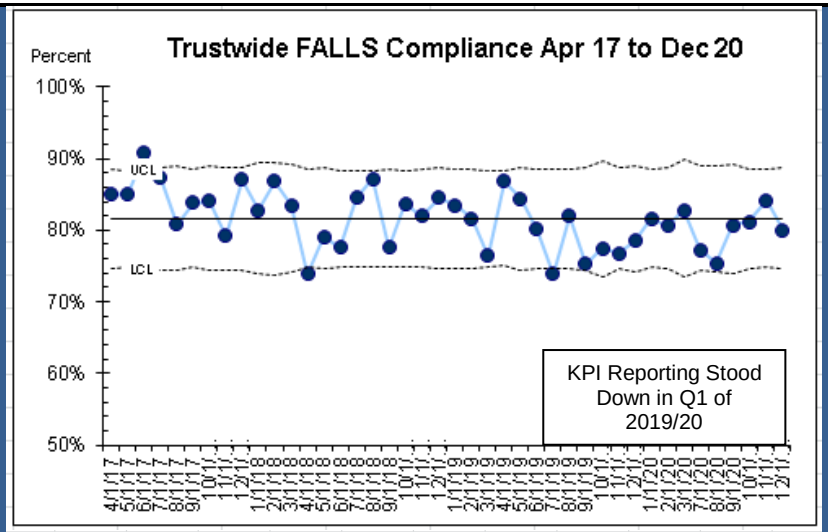
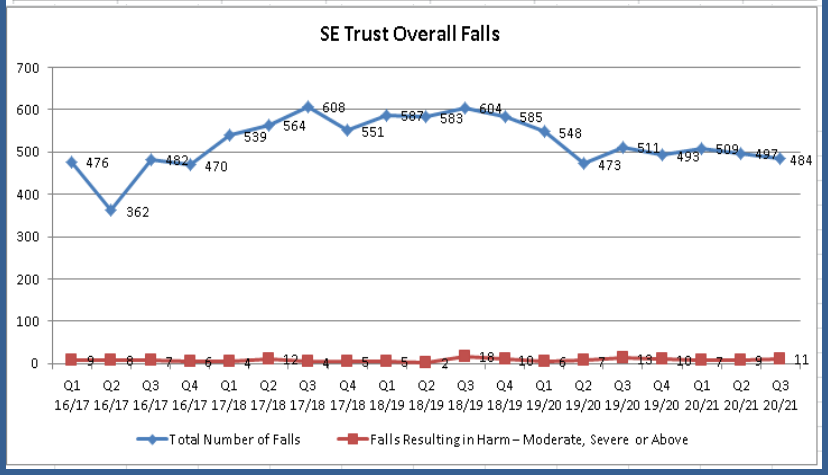
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.02.2021

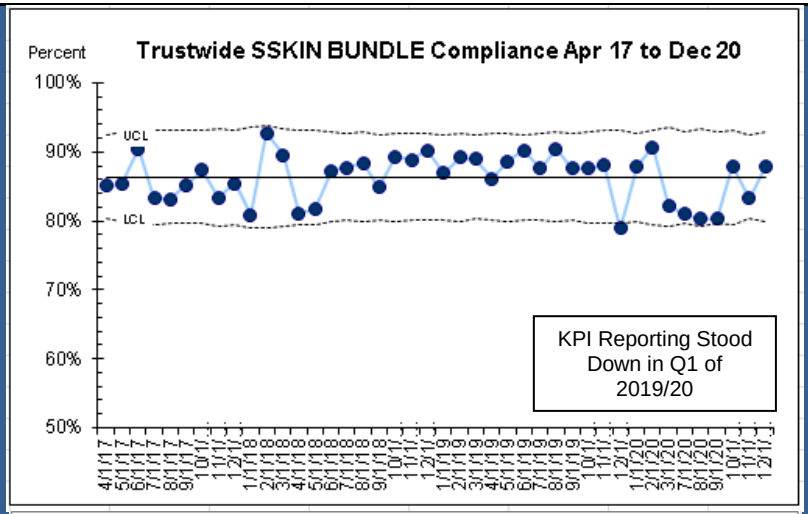
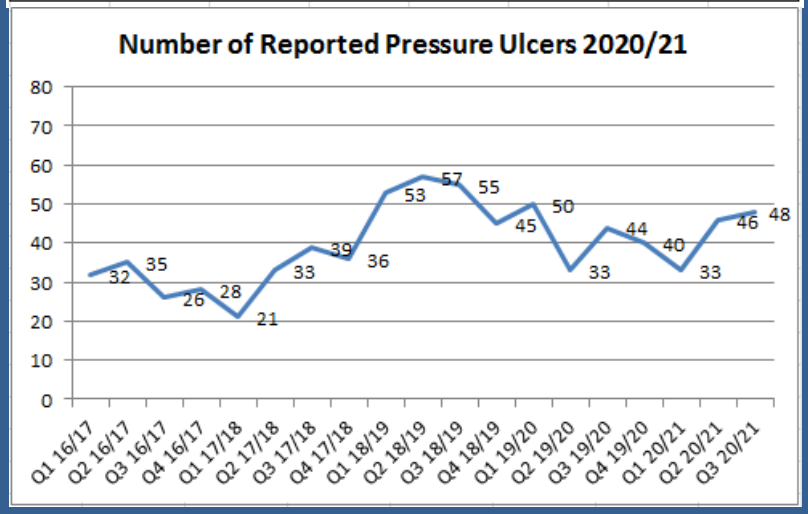
Description	Aggregate position	Trend	Variation
Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2020/21			**2018/19** Average compliance 95% **2019/20** Average compliance 93% **2020/21** Average compliance 92%

South Eastern Health and Social Care Trust

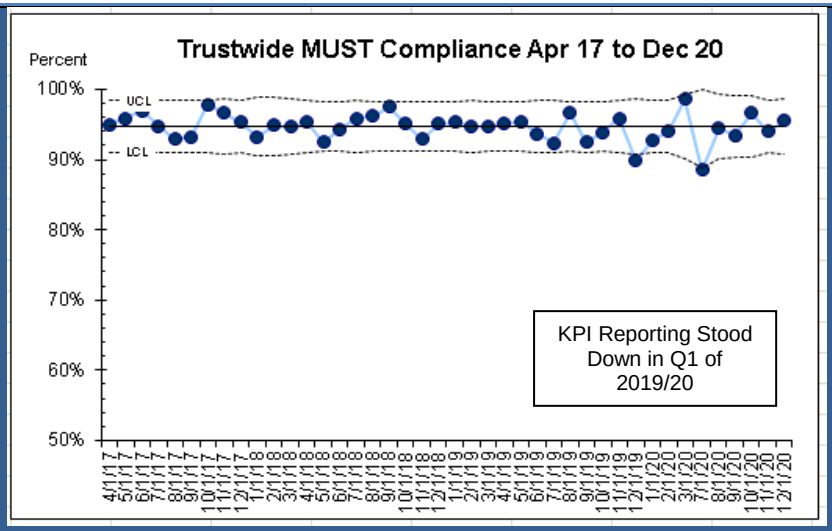
SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.02.2021

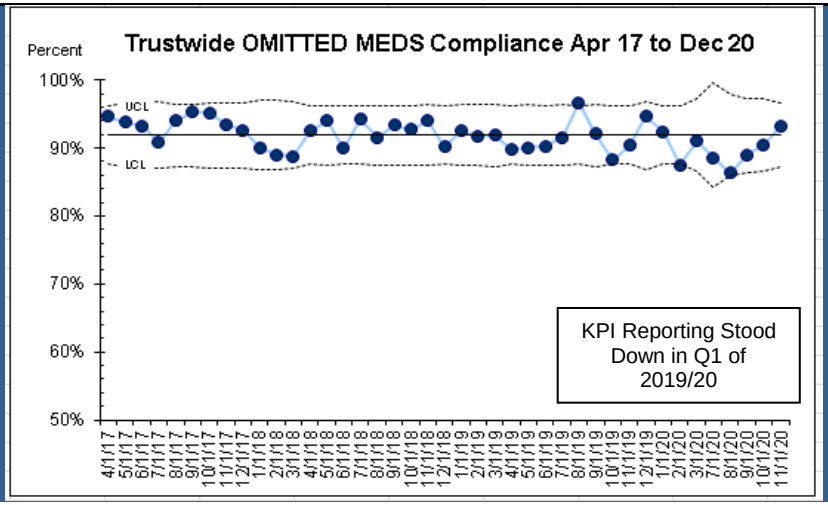
Description	Aggregate position	Trend	Variation
Falls prevention requires a wide range of interventions and the FallSafe bundles aim to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. All patients are assessed for falls risk using Bundles A and additionally patients aged 50-64 years who are assessed to be at higher risk of falling because of an underlying condition in Bundle B.	SEHSCT Trust Falls Co-ordinator has been appointed. The Acute Falls Lead is now in post and has commenced improvement and validation work, particularly considering the falls that result in moderate or more severe harm to patients. A Community Falls Lead has been recruited to rebuild the community service and renew focus on work within care homes. The first draft of the SEHSCT Falls Strategy has commenced and input from all stakeholders will be essential to the success of this. It will incorporate the new staff appointments and the restructuring of the service. The Trust Working Group recommenced November 2020. Incident rates and learning will be discussed quarterly in this forum. The Acute Falls lead is compiling Shared learning from Year 19-20 to produce a summary for clinical settings. This will be appropriately disseminated.	 	Lowest compliance questions: Part A: 'Urinalysis performed' 94% Part B: 'Lying and Standing Blood Pressure'84% **2018/19** Average compliance 81% **2019/20** Average compliance 79% **2020/21** Average compliance 79%

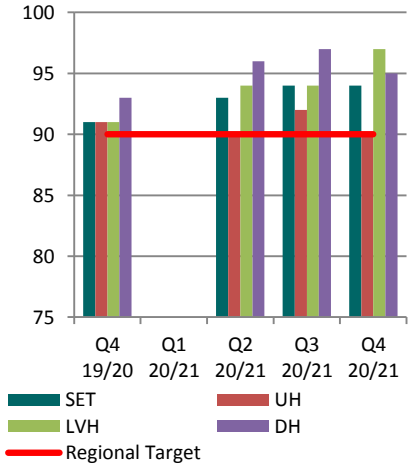
SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 04.01.2021

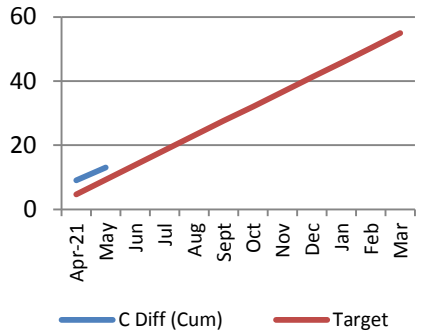
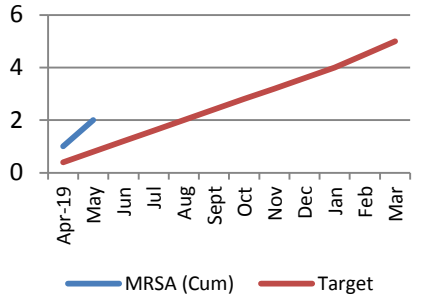
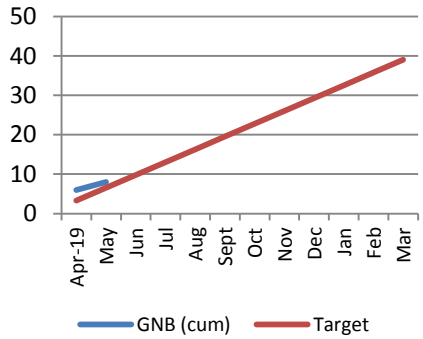
Description	Aggregate position	Trend	Variation
From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were avoidable Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days	Q3 Pressure ulcer Figures Stage 2 & above: 48 Medical Directorate= 22 (X 2 Avoidable) Stage 2= 9 Stage 3/4= 4 Ungradeable = 8 Medical Device= 1 Surgical Directorate = 15 Stage 2= 10 Stage 3/4= 1 Ungradeable = 1 Deep Tissue= 1 Medical Device= 2 PC in patient = 4 Stage 2= 2 Ungradeable = 2 W&CH = 3 Stage 2= 2 Stage 3/4= 1 Unscheduled Care = 4 Stage 2= 3 Ungradeable = 1 These figures will slightly differ from what is submitted to PHA as we do not report ED or Maternity in these figures.	 	Lowest compliance question: 'Repositioning' 96% **2018/19** Average compliance 88% **2019/20** Average compliance 88% **2020/21** Average compliance 84%

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 04.01.2021

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.**		**2018/19** Average compliance 95% **2019/20** Average compliance 94% **2020/21** Average compliance 93%

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.**	**Agreement had been reached regionally for all NI Trusts to use the Medication Safety Thermometer Tool to monitor the number of local omitted doses. Unfortunately this national tool has been stood-down. There have been no further meetings to discuss an alternative way forward.**		**2018/19** Average compliance 91% **2019/20** Average compliance 92% **2020/21** Average compliance 90%

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	
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 91% UH 91% LVH 91% DH 93%	NO MDA Audits Q1 Due To COVI D-19	SET 93% UH 90% LVH 94% DH 96%	SET 94% UH 92% LVH 94% DH 97%	SET 94% UH 90% LVH 97% DH 95%	

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.	<table><tr><td></td><td>2020/2021 Target</td><td>2021/2022 Target</td></tr><tr><td>C Diff</td><td>Target<55</td><td>Target not yet set</td></tr><tr><td>MRSA</td><td>Target<5</td><td>Target not yet set</td></tr><tr><td>GNB</td><td>Target <39</td><td>Target not yet set</td></tr></table> **2020/21:** **C Diff 31 within 72 hours and 43 greater than 72 hours** **MRSA 5 within 48 hours, 2 greater than 48 hours** **2021/22:** **C Diff 5 within 72 hours and 8 greater than 72 hours** **MRSA 2 greater than 48 hours**	**C Diff 10 (cum 74)**	C Diff 9	C Diff 4 (cum 13)	
			MRSA 0 (cum 7)	MRSA 1	MRSA 1 (cum 2)	
			GNB 1 (cum 65)	GNB 6	GNB 2 (cum 8)	

SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR		APR	MAY
Outpatient waits	Min 50% <9 wks for first appt		10.1%	8.4%	10.1%	11.4%	12.0%	12.2%	12.4%	11.5%	11.5%	11.9%	13.5%		14%	15%
	All <52 wks		50.2%	45.9%	44.7%	43.5%	41.7%	40.0%	38.4%	37.3%	36%	34.8%	34.7%		36.6%	37.8%
Diagnostic waits	Imaging 75% <9 wks		19.3%	30.5%	32.9%	35.9%	39.4%	44.6%	48.7%	51.3%	52.6%	57.1%	70.4%		71.2%	74.5%
	Physiological Measurement <9 wks		16.6%	15.9%	17.8%	23.2%	29.4%	36.1%	37.6%	36.7%	41.4%	49.1%	52.2%		54.7%	54.9%
	Diag Endoscopies	< 9 wks	28%	35%	49%	50%	53%	47%	48%	45.7%	40.8%	36.5%	36.0%		34.7%	33%
		< 13 wks	42%	43%	45%	41%	36%	39%	36%	39%	41%	39%	37%		34%	37%
Inpatient & Daycase Waits	Min 55% <13 wks		27%	20%	20%	23.7%	26.6%	30%	30%	30%	30%	26%	26%		27%	28%
	All <52 wks		74%	72%	72%	69%	67%	66%	64%	64%	62%	57%	56%		57%	58%
Diagnostic Reporting	Urgent tests reported <2 days		95.8%	93.9%	87.2%	84.2%	84.9%	87.5%	85.8%	83.4%	80.5%	81.9%	68.5%		73.1%	83.5%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	72.3%	71.4%	68.1%	67.7%	70.5%	69.2%	71.9%	71.5%	69.3%	69.3%	69%		71%	70.8%
		12hr breaches	205	450	860	948	943	885	930	769	545	366	748		730	1020
	UHD	4hr performance	68.0%	66.4%	61.1%	59.6%	61.4%	60%	61.3%	61.5%	59.9%	59.6%	58.5%		60.7%	60.2%
		12hr breaches	205	449	859	947	941	882	930	766	545	365	747		730	1019
	LVH	4hr performance	83.1%	81.4%	82.5%	76.4%	75.6%	76.8%	81.3%	80.8%	76.8%	77.7%	77.4%		79.8%	81.5%
		12hr breaches	0	1	1	1	2	3	0	3	0	1	1		0	1
	DH	4hr performance	n/a	n/a	n/a	99.4%	99.8%	99.6%	98.6%	99.4%	99.5%	100%	100%		100%	99.7%
		12hr breaches	0	0	0	0	0	0	0	0	0	0	0		0	0
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		95.1%	92.7%	88.0%	90.8%	93.5%	94.8%	97.8%	95.6%	97.4%	94.2%	91.9%		89.8%	88.6%
Non Complex discharges	ALL <6hrs		82.2%	80.9%	82.8%	81.6%	79.9%	81.8%	92.1%	82.1%	83.0%	82.6%	83.1%		82.1%	83.0%
Hip Fractures	>95% treated within 48 Hours		96%	94%	83%	56%	89%	91%	95%	78%	97%	88%	77%		71%	100%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		19.2%	12%	13%	18.8%	22.2%	31.3%	10%	11.3%	18%	13%	19.4%		16.7%	13.3%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		44%	54%	59%	53%	63%	61%	49%	57%	45%	63%	58%		63%	65%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)		99.3% (1) {21}	100% (0) {14}	99.5% (1) {75}	100% (0) {14}	100% (0) {14}	88.7% (29) {24}	33.1% (178) {25}	82.3% (50) {32}	100% (1) {19}	96.4% (7) {21}	17.4% (181) {24}		18.6% (188) {26}	23.7% (215) {27}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		96% (4)	96% (4)	97% (3)	93% (8)	98% (2)	97% (3)	95% (7)	96% (4)	95% (9)	92% (11)	93% (8)		97% (4)	97% (3)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		0%		25%			100%			Qtrly in arrears					
	Psoriasis (n) - Breaches															

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		99.8%	99.9%	99.4%	98.4%	98.9%	99.6%	98.7%	99.2%	96.9%	97.9%	90.5%	76.6%	88.3%
	% routine tests reported <28 days (Target formerly 100%)		100%	100%	100%	99.7%	99.7%	100%	99.7%	99.9%	99.8%	99.2%	99.4%	93.1%	94.8%
% Operations cancelled for non-clinical reasons		SET	1.9%	**2.6%**	0.9%	1.2%	0.9%	**2.9%**	1.5%	2.0%	**3.2%**	1.5%	**2.2%**	0.8%	0.5%
		UHD	1.2%	1.0%	0.8%	1.4%	0.6%	**2.9%**	1.6%	1.0%	**2.3%**	1.2%	1.2%	0.5%	0.7%
		LVH	**3.2%**	1.8%	1.1%	1.2%	1.0%	**3.7%**	1.6%	**2.3%**	**5.6%**	2.0%	**4.8%**	1.8%	0.7%
		DH	0%	**12.1%**	1.0%	0.7%	1.9%	1.6%	0.8%	**4.1%**	**2.8%**	1.8%	1.8%	0.2%	0%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 71%**	Cum 94%	Cum 89%	Cum 87%	Cum 87%	Cum 86%	Cum 85%	Cum 85%	Cum 86%	Cum 85%			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		**Cum 51.3%**	**Cum 67.1%**	Cum 73.5%	Cum 74.4%	Cum 77%	Cum 78%	Cum 80%	Cum 82%	Cum 81%	Cum 85%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		8817	9615	10400	10882	10930	10068	9049	9321	8449	9530	11007	12151	13147
	Ulster Hospital		7347	7892	8448	8295	8140	7410	6468	6823	6322	6843	8042	8829	9582
	Lagan Valley Hospital		1470	1723	1952	1956	2143	1825	1624	1529	1313	1377	1835	2064	2173
	Downe Hospital (inc w/end minor injuries)		0	0	0	631	947	833	957	969	814	849	1130	1258	1392
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		7.2%	7.4%	7.7%	8.2%	8.9%	8.7%	9.4%	9.0%	8.5%	8.2%	7.9%	8.2%	8.4%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		**3.3%**	**6.8%**	**7.2%**	32.4%	**4.4%**	**2.6%**	**-1.5%**	**4.0%**	**-186%**	**-10.1%**	17.9%	23.2%	26.0%
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		2064	3018	3526	3501	4782	5638	5148	4501	3945	4697	5964	6004	5768
Other Operative Fractures	>95% within 48hrs		**85%**	**77%**	**83%**	**76%**	96%	**60%**	**75%**	**72%**	**73%**	**68%**	**67%**	**63%**	**85%**
	100% within 7 days		100%	100%	100%	99%	100%	96.8%	**93.8%**	100%	100%	**78.3%**	100%	96%	100%
Stroke	No of patients admitted with stroke		26	50	46	32	27	32	30	44	39	31	36	36	45
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**4.4% (326)**	**9.6% (236)**	**12.6% (235)**	**20.2% (249)**	**20.8% (267)**	**23.1% (289)**	**26.4% (284)**	**24.1% (305)**	**24.5% (324)**	**22.5% (368)**	**23.4% (384)**	**26.4% (382)**	**21.9% (417)**
		Ophth	**3.2% (427)**	**4.6% (350)**	**4.6% (308)**	**8.1% (283)**	**8.5% (280)**	**8.2% (268)**	**12.6% (257)**	**14.0% (264)**	**11.2% (277)**	**8.9% (286)**	**12.8% 273**	**19.8% 235**	**14.1% (225)**

HOSPITAL SERVICES

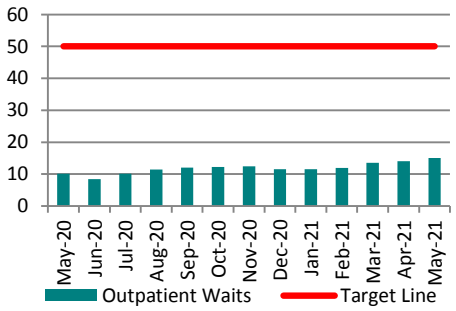
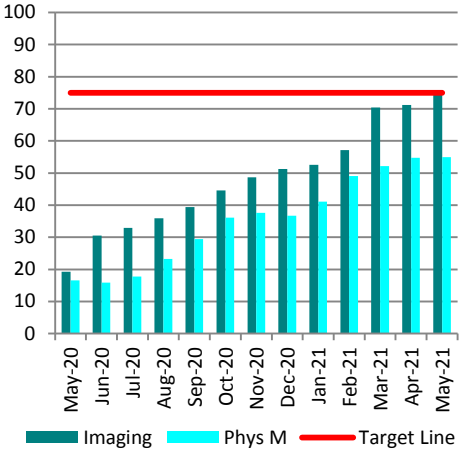
Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.4	6.4	6.2	6.3	6.7	6.2	7.1	7.3	7.1	6.3	5.8	5.4	6.0
	Ave LOS trimmed	4.6	5.3	5.1	5.0	5.1	5.0	5.5	5.3	5.5	4.9	4.7	4.3	4.5
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	6.3	7.2	7.7	7.5	9.7	8.7	8.6	9.9	10.3	7.8	8.3	8.9	7.8
	Ave LOS trimmed	5.8	5.8	6.0	5.6	6.6	6.3	6.6	6.6	6.5	5.9	5.9	6.1	6.0
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**86.8%**	**86.6%**	**77.2%**	**63.6%**	**57%**	**54.9%**	**53.7%**	**53.3%**	**61.2%**	**62.4%**	**60.2%**	**58.8%**	**53.1%**
	% NEW attendances who left without being seen (Target < 5%)	1.4%	1.6%	2.6%	2.6%	2.2%	2.0%	1.4%	2%	1.5%	1.4%	2.3%	2.4%	2.9%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.5%	3.0%	2.9%	2.9%	2.5%	2.9%	2.9%	2.9%	3.0%	4.3%	4.1%	4.2%	4.4%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	71.5%	63.7%	54.7%	61.9%	67.6%	69.3%	76.2%	69.3%	76.6%	65.2%	60.7%	59.5%	54.7%

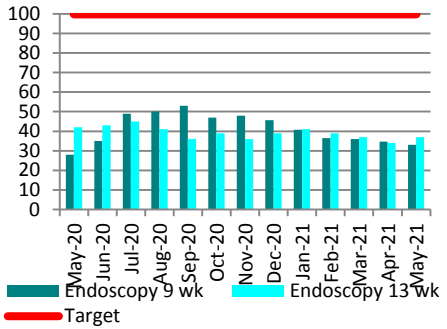
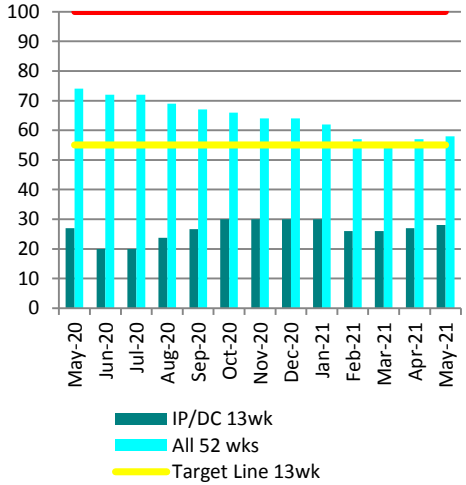
Hospital Services – Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR
Complaints	How many complaints were received this month?	4	6	15	26	34	35	23	30	17	11	20	19	26
	What % were responded to within the 20 day target? (target 65%)	**0%**	**17%**	**12%**	**7%**	**29%**	**23%**	**4%**	**35%**	**29%**	**0%**	**5%**	**11%**	**23%**
	How many were outside the 20 day target?	4	5	12	24	24	27	22	13	12	11	19	17	20
Freedom of Information Requests	How many FOI requests were received this month?	7	5	6	11	9	10	10	6	6	9	16	11	8
	What % were responded to within the 20 day target? (target 100%)	**71%**	**40%**	**33%**	**73%**	**44%**	**60%**	**70%**	**50%**	**50%**	**22%**	**44%**	**55%**	**0%**
	How many were outside the 20 day target?	4	3	4	3	5	4	3	3	3	7	9	5	8

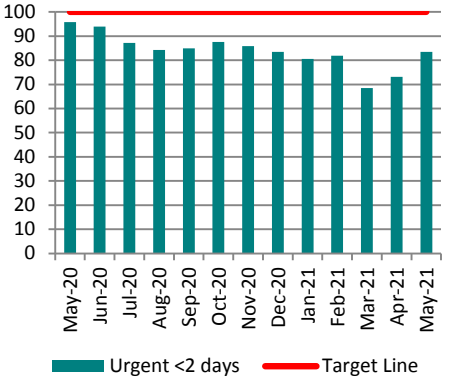
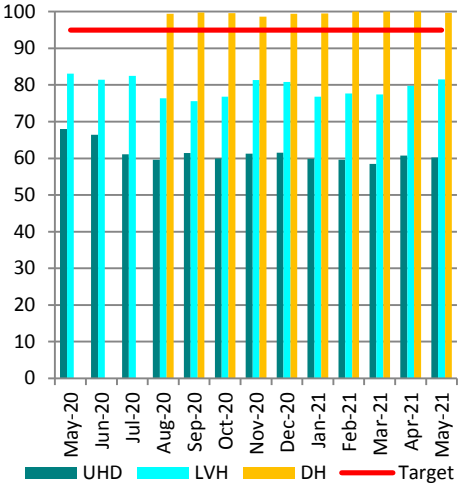
HOSPITAL SERVICES

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	**13.5%** **[72448]** **(62693)** **{47293}**	**14%** **[73381]** **(62964)** **{46560}**	**15%** **[74426]** **(63577)** **{46302}**	
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.*	**70.4%** **[11582]** **(3428)** **{1628}**	**71.2%** **[12055]** **(3474)** **{1530}**	**74.5%** **[11530]** **(2939)** **{1397}**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**52.2%** **(2376)** **{1201}**	**54.7%** **(2391)** **{1044}**	**54.9%** **(2558)** **{1177}**	
	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)	**36.0%** **2868** **(1835)**	**34.7%** **3078** **(2011)**	**33%** **3223** **(2161)**	

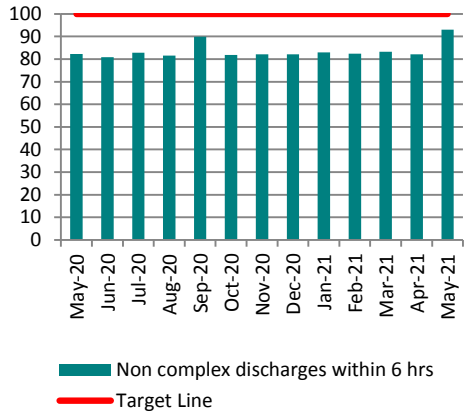
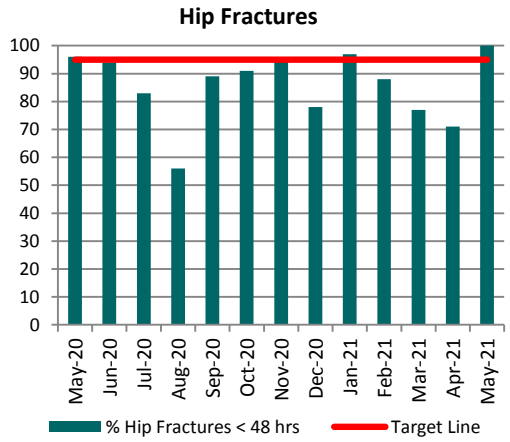
HOSPITAL SERVICES

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	**37%** **[1136]** **(716)**	**34%** **[1124]** **(743)**	**37%** **[1202]** **(762)**	
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	**26%** **(9005)**	**27%** **(9272)**	**28%** **(9352)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**56%** **(5359)**	**57%** **(7425)**	**58%** **(7737)**	

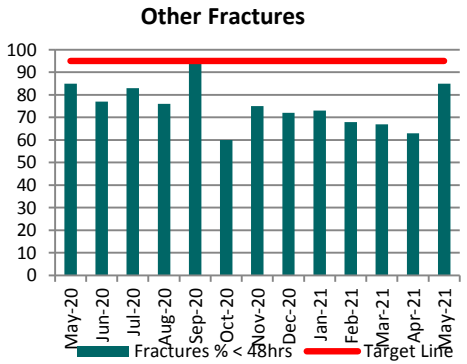
HOSPITAL SERVICES

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 2021, of 3490 total urgent tests reported, 2913 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**68.5% (1062) [3367]**	**73.1% (1084) [4031]**	**83.5% (577) [3490]**	
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 12158 [8387] 69.0% (748)** **UH 8042 [4702] 58.5% (747)** **LVH 1835 (1421) 77.4% (1)** DH 1130 [1113] 100% (0)	**SET 13434 [9542] 71% (730)** **UH 8829 [5365] 60.7% (730)** **LVH 2064 (1648) 79.8% (0)** DH 1258 [1246] 100% (0)	**SET 14436 [10220] 70.8% (1020)** **UH 9582 [5772] 60.2% (1019)** **LVH 2173 [1771] 81.5% (1)** DH 1392 [4] 99.7% (0)	

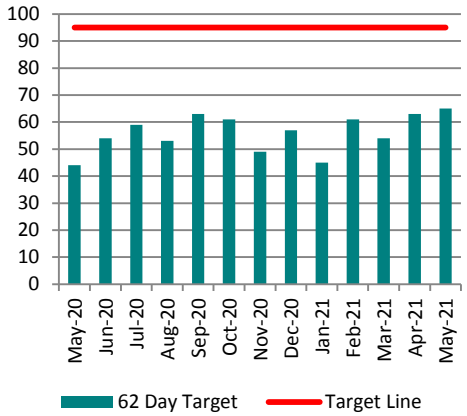
HOSPITAL SERVICES

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 Mar was 83.1% 2431 (410) now 83.2% 2432 (409) Apr was 82.1% 2497 (448) now 82.1% 2508 (450)	**83.2%** **2432** **(409)**	**82.1%** **2508** **(450)**	**83%** **2405** **(410)**	
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	**77%** **35** **(27)** **[8]**	**71%** **31** **(22)** **[9]**	100% 27 (27) [0]	

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	**67%** **33** **(22)** **[11]** **{0}**	**63%** **67** **(42)** **[25]** **{3}**	**85%** **48** **(41)** **[7]** **{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	19.4% 7 (36)	16.7% 6 (36)	13.3% 6 (45)	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 116 SET CBYL referrals received during May 2021. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (103) [0]	100% (85) [0]	100% (116) [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 44 patients were seen. There were 15.5 breaches involving 22 patients, of whom 13 were shared Revisions post patient pathway confirmation and pathology validation:- Apr was 63% 47 seen (17.5), now 60% 64 seen (25.5) Mar was 54% 89.5 seen (41), now 56% 92 seen (41)	**56%** **92** **(41)**	**60%** **64** **(25.5)**	**65%** **44** **(15.5)**	
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	**17.4%** **[290]** **264** **(181)** **{24}**	**18.6%** **[287]** **231** **(188)** **{26}**	**23.7%** **[241]** **282** **(215)** **{27}**	
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	94% 160 (10)	97% 118 (3)	97% 89 (3)	

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	17.9% 1645 (41)	23.2% 1539 (-65)	26.0% 1482 (-122)	Target - reduce number hospital cancellations by 20%. Target 1604 or less per month.
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches				Now reported quarterly
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches				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 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR		APR	MAY
Allied Health Professions waits	All < 13 weeks	**56.2%**	**45.4%**	**53.9%**	**61.5%**	**66.0%**	**71.7%**	**73.0%**	**70.0%**	**67.1%**	**66.5%**	**71.4%**		**75.6%**	**77.7%**
Complex% Discharges	Min. 90% <48hrs (SET TOR)	**74.2%**	**72.8%**	**80.3%**	**76.6%**	**74.4%**	**72.7%**	**71.7%**	**65.9%**	**71.5%**	**68.6%**	**73.2%**		**71.7%**	
	Min. 90% <48hrs (SET in SET beds)	**73.6%**	**71.0%**	**79.5%**	**72.4%**	**69.5%**	**68.6%**	**68.0%**	**65.0%**	**69.0%**	**70.0%**	**72%**		**69.7%**	**70.5%**
	Min. 90% <48hrs (All in SET beds)	**63.9%**	**66.8%**	**73.6%**	**65.3%**	**59.0%**	**62.8%**	**64.2%**	**59.5%**	**63.6%**	**64%**	**61.2%**		**61.9%**	**63.6%**
	Number complex discharges	**277**	**307**	**363**	**268**	**324**	**336**	**342**	**343**	**368**	**369**	**366**		**381**	**354**
	ALL <7days	**93.5%**	**92.2%**	95.0%	**93.7%**	**89.8%**	**91.1%**	**92.7%**	**87.9%**	**94.3%**	**93.2%**	**91%**		**92.6%**	**93.2%**
	SET and Other TOR	**94.4%**	**92.2%**	97.8%	95.4%	**93.6%**	**94.1%**	**94.8%**	**91.1%**	95.5%	95.2%	**93.5%**		**94.9%**	**96.5%**
	Belfast TOR	**91.3%**	**92.1%**	**87.2%**	**88.9%**	**80.7%**	**84.0%**	**84.7%**	**81.1%**	**91.2%**	**87.5%**	**83.3%**		**86.7%**	**85%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 1 456		Quarter 2 592 (cum 1048)			Quarter 3 475 (cum 1523)			**Reported quarterly in arrears**					
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**87%**	91%	91%	**87%**	**90%**	92%	92%	**89%**	**89%**	92%	91%		**88%**	**87%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**19.3% (586)**	**20.7% (557)**	**27.0% (530)**	**27.0% (570)**	**28.9% (629)**	**25.2% (675)**	**26.4% (719)**	**21.9% (808)**	**21.8% (865)**	**21.7% (907)**	**21.2% (953)**		**22.7% (971)**	**19.8% (1018)**
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 1 192		Quarter 2 349 (cum 541)			Quarter 3 425 (cum 966)			**Quarter 4 426 (cum 1392)**					
Direct Payments	By March 2018, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	184	189	194	193	196	202	200	209	213	212	215		221	219
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 44 626 Hours		Quarter 2 50 986 Hours (cum 95 610 hours)			Quarter 3 45 611 Hours (cum 141 221 Hours)			**Quarter 4 48937 Hours (cum 190158 Hours)**					

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
Assess and Treat Older People	Main components of care needs met <8 weeks		100%	98%	100%	99%	100%	97.7%	98.9%	100%	99.1%	96%	98.9%	98.7%	100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches											**57.8% (27)**	**50.8% (32)**	**78.3% (21)**	**81.3% (15)**
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	49.2% (240)	85.6% (67)	78.9% (146)	70.0% (285)	72.4% (293)	64.3% (452)	51.4% (785)	**27.7% (2015)**	**27.8% (1872)**	**34.6% (1480)**	**45.2% (1141)**	**44.5% (1229)**	**47.5% (1239)**
		<52wks	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	**85.5% (282)**	**55.7% (1235)**	**65.6% (892)**	**83.4% (376)**	99.6% (8)	99.9% (3)	99.9% (3)

Directorate KPIs & SQE Indicators

Service Area	Indicator	MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	42%	48%	**22%**	42%	50%	42%	**38%**	**29%**	**24%**	**34%**	**23%**	40%	**39%**

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	APR 20	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	2	4	3	4	4	13	5	4	4	4	5	13	8
	What % were responded to within the 20 day target? (target 65%)	**0%**	75%	**0%**	**50%**	100%	**31%**	**40%**	**50%**	**25%**	**25%**	**20%**	**31%**	**50%**
	How many were outside the 20 day target?	4	1	3	2	0	9	3	2	1	3	4	9	4
Freedom of Information Requests	How many FOI requests were received this month?	1	1	6	2	4	1	3	1	1	0	3	4	3
	What % were responded to within the 20 day target? (target 100%)	100%	**0%**	**33%**	100%	**50%**	100%	**0%**	**0%**	**0%**	n/a	**0%**	**0%**	**33%**
	How many were outside the 20 day target?	0	1	4	0	2	0	3	1	1	0	3	4	2

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 2021 of 10437 patients on the AHP waiting list, 2331 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>4302</td><td>431</td><td>90.0%</td></tr>
<tr><td>OT</td><td>2223</td><td>990</td><td>55.5%</td></tr>
<tr><td>Orthoptics</td><td>360</td><td>51</td><td>85.8%</td></tr>
<tr><td>Podiatry</td><td>804</td><td>28</td><td>96.5%</td></tr>
<tr><td>Adults S&LT</td><td>1044</td><td>580</td><td>44.4%</td></tr>
<tr><td>Childrens S&LT</td><td>551</td><td>147</td><td>73.3%</td></tr>
<tr><td>Dietetics</td><td>1153</td><td>104</td><td>91.0%</td></tr>
</table>
[n] = total waiting

(n) = breaches</td><td>71.4%

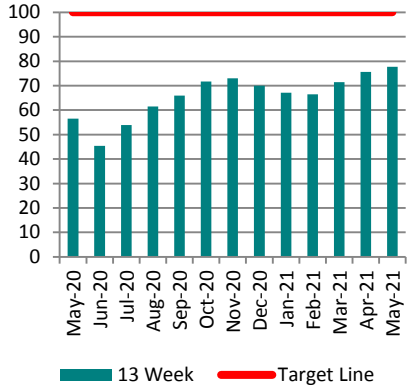
[9363]

(2677)</td><td>75.6%

[9731]

(2372)</td><td>77.7%

[10437]

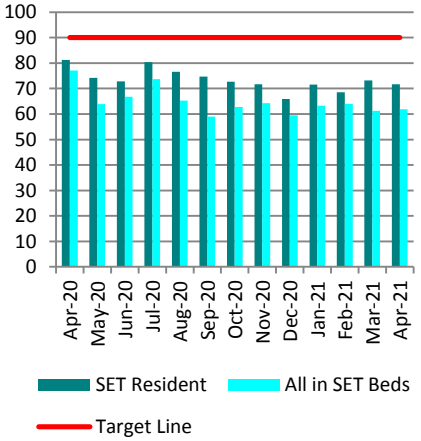
(2331)</td><td> 
</td></tr>
<tr><td>Complex Discharges</td><td>90% of complex discharges should take place within 48 hours.</td><td>All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB PMSID).

(n) = 48 hr breaches

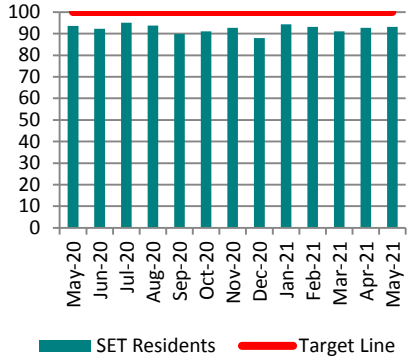
Revisions post validation:-

SET Key reasons:-
• Awaiting Assessment/Acceptance to Care Homes (36)
• No Domiciliary Care Package Available (34)</td><td>73.2%

(102)</td><td>71.7%

(106)</td><td>Currently awaiting HSCB data to complete</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 61.2% (368) SET 72 BT 65 ST 2 WT 2 now 61.2% (366) SET 71 BT 66 ST 2 WT 2 Apr was 61.9% (381) SET 83 BT 62 now 61.9% (381) SET 84 BT 61	**61.2%** **(366)** **>48 hrs By Trust of res** **SET 71 BT 66 ST 2 WT 2**	**61.9%** **(381)** **>48 hrs By Trust of res** **SET 84 BT 61**	**63.6%** **(354)** **>48 hrs By Trust of res** **SET 73 BT 54 ST 2**	
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 72% 275 (77) now 72.3% 274 (76) Apr was 69.9% 276 (83) now 69.7% 277 (84)	**72.3%** **274** **(76)**	**69.7%** **277** **(84)**	**70.5 %** **254** **(75)**	
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:- Mar was 91% 366 (33) SET 15 BT 15 ST 1 WT 1 Now 91% 366 (33) SET 14 BT 16 ST 1 WT 1 Apr was 92.7% 381 (28) SET 14 BT 14 Now 92.7% 381 (28) SET 15 BT 13	**91%** **366** **(33)** **SET 15 BT 15 ST 1 WT 1**	**92.7%** **381** **(28)** **SET 14 BT 14**	**93.2%** **354** **(24)** **SET 9 BT 15**	

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 was 93.5% 275 (18) now 93.8% 274 (17) Apr was 94.9% 276 (14) now 94.6% 277 (15)	**93.8%** **274** **(17)**	**94.6%** **277** **(15)**	**96.5%** **254** **(9)**	
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 was 83.5% 91 (15) now 82.6% 92 (16) Apr was 86.7% 105 (14) now 87.5% 104 (13)	**83.5%** **91** **(15)**	**86.7%** **105** **(14)**	**85%** **100** **(15)**	

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	
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.**	754 (cum 2096)	**699** **(cum 2795)**	456 (cum 456)	592 (cum 1048)	475 (cum 1523)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

PRIMARY CARE AND OLDER PEOPLES SERVICES

Service Area	Target	MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**87%**	91%	91%	**87%**	**90%**	92%	92%	**89%**	**89%**	93%	91%	**88%**	**87%**
	Total Number of Urgent Calls	909	607	672	887	874	866	802	973	990	685	789	928	1070
	Urgent Calls within 20 minutes	805	553	614	775	783	792	725	864	885	640	716	815	927
	100% of less urgent calls triaged within 1 hour	**79%**	**89%**	**87%**	**79%**	**81%**	**92%**	**88%**	**79%**	**77%**	**92%**	**84%**	**77%**	**74%**
	Total Number of Routine Calls	5947	4234	4878	5623	5065	5233	4867	5318	5719	4419	5023	5747	6219
	Routine calls within 1 hour	4714	3748	4254	4461	4109	4794	4257	4203	4395	4074	4213	4412	4596

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
Adult MH Services waits	All < 9 weeks	**88.4%**	**90%**	100%	99.5%	100%	100%	100%	**94.5%**	**92.0%**	**97.0%**	100%	100%	100%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 1 81		Quarter 2 116 (cum 197)			Quarter 3 99 (cum 296)			Quarter 4 90 (386)				
Discharge and Follow-up	99% < 7days of decision to discharge	**86%**	**85%**	**89%**	**82%**	**85%**	**83.6%**	**85.4%**	**90%**	**88.5%**	**90.1%**	96%	100%	98%
	All < 28 days (no. Breaches)	7	7	6	9	8	10	8	5	6	6	3	7	3
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

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

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	APR 20	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	1	6	4	10	8	10	4	5	10	15	10	8
	What % were responded to within the 20 day target? (target 65%)	67%	0%	**50%**	**50%**	**50%**	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**
	How many were outside the 20 day target?	1	1	3	2	5	3	6	2	0	4	11	3	5
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	1	4	4	1	2	2	0	1	3	3	1	2	4
	What % were responded to within the 20 day target? (target 100%)	100%	**50%**	**0%**	100%	100%	**50%**	n/a	100%	100%	**66%**	**0%**	**0%**	**25%**
	How many were outside the 20 day target?	0	2	4	0	0	1	0	0	3	1	1	2	3

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	100% 633 [0]	100% 498 [0]	100% 573 [0]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 60 SET discharges in May 2021	96%	100%	98%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	In May 2021 there were 3 delayed discharges	3	7	3	2 Patients – Down MHIPU 1 Patient – Ward 27, UHD 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 60 SET discharges in May. 39 people were offered 7 day follow up. 34 People were seen. 15 Patients were forwarded to other Trusts	100%	100%	100%	15 Patients were referred to other Trusts – 3 BHSCT. 4 - WHSCT. 8 – SHSCT. 3 Patients referred to MHSOP. 3 Patients referred to Learning Disability. 2 Patients did not attend. 1 Patient cancelled appointment. 2 Patients readmitted to Hospital

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	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	5	5	5	4	4	4	5	5	5	5	5	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
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	922	928	934	939	956	976	977	991	1001	1006	1014	1024	1027

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	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%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	71%	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 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	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	273	273	273	273	279	284	286	288	291	294	297	300	304
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	441	442	444	449	458	467	468	471	474	477	479	481	482
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	100%	100%	97.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%

		Quarter 4 (19/20)	Quarter 1 (20/21)	Quarter 2 (20/21)	Quarter 3 (20/21)	Quarter 4 (20/21)
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)	70 (cum 302)	19	75 (cum 94)	112 (Cum 206)	96 (cum 302)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	43 (cum 194)	47	65 (cum 112)	70 (cum 182)	48 (230)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	58 (cum 158)	80	60 (cum 140)	50 (cum 190)	44 (134)
	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:23, 223.5Hrs (cum 138237.3 Hrs) PD: 23, 402 hrs (cum 95 476 Hrs)	LD: 15309.9 Hours PD: 20580 Hours	LD: 15233 Hours (cum: 30542.9 Hrs) PD: 7736 Hours (cum: 28316 Hrs)	LD: 12788 Hours (cum 43330.9 Hrs) PD:8943 Hours (cum: 37259 Hrs)	LD: 23074 Hours (cum 66404.9 Hrs) PD: 12493 Hours (cum 49752 Hrs)
	Achieve minimum 88% internal environment cleanliness target.	94%	No audits in Q1	94%	92%	94%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	APR 20	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	1	6	4	10	8	10	4	5	10	15	10	8
	What % were responded to within the 20 day target? (target 65%)	67%	**0%**	**50%**	**50%**	**50%**	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**
	How many were outside the 20 day target?	5	1	3	2	5	3	6	2	0	4	11	3	5
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	0	0	0	0	0	2	0	1	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	n/a	n/a	**0%**	n/a	**0%**	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	2	0	1	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 May.</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>5
(5)</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>1</td><td>1</td><td>1</td></tr><tr><td>>365</td><td>4</td><td>4</td><td>4</td></tr><tr><td>Total</td><td>5</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>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Committal	All individuals entering prison will receive a healthcare initial assessment to determine any immediate health concerns and risk factors on the first day of reception, and before spending their first night in prison.	100%	100%											
	All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.	97.3%	100%											
Mental Health Assessment	All individuals who have entered prison will be seen by a Mental Health Practitioner within 5 working days.	99.6%	100%											
Inter-prison transfer	On prison to prison transfer, all individuals will receive a transfer health screen by Healthcare staff on the day of arrival.	100%	96%											
Addiction Services	All individuals who are referred to the Addictions Team should not wait longer than 9 weeks for assessment	**40%**	**53%**											
BBV	All individuals who enter prison offered blood borne virus screening (Hepatitis B & C, HIV) at the Comprehensive Health Assessment. (# Offered)	**200**	**273**											
Tuberculosis	All individuals who enter prison will be Tuberculosis screening at the Comprehensive Health Assessment. (# Offered)	**200**	**273**											
AHP Service	Regional Access Targets for Routine Outpatient Appointments should not exceed 13 weeks for; Musculoskeletal Outpatient Physiotherapy,	100%	100%											
	All individuals entering prison will receive a healthcare initial assessment to determine any immediate health concerns and risk factors on the first day of reception, and before spending their first night in prison.	**73%**	100%											
	All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.	100%	100%											

As of April 2021 the Healthcare in Prison Service is operating a new reporting structure. Data under the previous framework can be found in previous Corporate Scorecards.

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	APR 20	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	1	6	4	10	8	10	4	5	10	15	10	8
	What % were responded to within the 20 day target? (target 65%)	67%	**0%**	**50%**	**50%**	**50%**	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**
	How many were outside the 20 day target?	5	1	3	2	5	3	6	2	0	4	11	3	5
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	0	0	0	0	0	0	0	0	0	0	1	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	n/a	**0%**	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	0	0	0	0	1	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>APR</th><th>MAY</th><th>JUNE</th><th></th></tr>
<tr><td rowspan="2">Committal</td><td>All individuals entering prison will receive a healthcare initial assessment to determine any immediate health concerns and risk factors on the first day of reception, and before spending their first night in prison.</td><td>% = performance
n = total committals
(n) = breaches

Note: Magilligan Prison is not a committal prison so only receives transfers and is not covered by this target.</td><td>100%
273
(0)</td><td>100%
273
(0)</td><td></td><td></td></tr>
<tr><td>All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.</td><td>% = performance
n = total committals
(n) = breaches

<table><tr><th></th><th></th><th>Apr</th><th>May</th><th>June</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>230</td><td>237</td><td></td></tr><tr><td>Breaches</td><td>1</td><td>0</td><td></td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>39</td><td>33</td><td></td></tr><tr><td>Breaches</td><td>1</td><td>0</td><td></td></tr></table></td><td>97.3%
269
(2)</td><td>100%
270
(0)</td><td></td><td></td></tr>
<tr><td>Mental Health Assessment</td><td>All individuals who have entered prison will be seen by a Mental Health Practitioner within 5 working days.</td><td>% = performance
n = total number
(n) = breaches</td><td>99.6%
271
(1)</td><td>100%
273
(0)</td><td></td><td></td></tr>
<tr><td>Inter-Prison Transfers</td><td>On prison to prison transfer, all individuals will receive a transfer health screen by Healthcare staff on the day of arrival.</td><td>% = performance
n = total transfers
(n) = breaches</td><td>100%
40
(0)</td><td>96%
23
(1)</td><td></td><td>1 not seen until the following day. Maghaberry Healthcare staff not aware of transfer.</td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Addictions Services	All individuals who are referred to the Addictions Team should not wait longer than 9 weeks for assessment	% = Compliance (n) = number of patients waiting >9wks for appointment	**40%** **6** **(15)**	**53%** **9** **(17)**		
BBV	All individuals who enter prison offered blood borne virus screening (Hepatitis B & C, HIV) at the Comprehensive Health Assessment.	Offered – number	100% 200 (0)	100% 273 (0)		
Tuberculosis	All individuals who enter prison will be Tuberculosis screening at the Comprehensive Health Assessment.	Offered – number	100% 200 (0)	100% 273 (0)		
AHP Service	Regional Access Targets for Routine Outpatient Appointments should not exceed 13 weeks for; Musculoskeletal Outpatient Physiotherapy,	% compliance (N) = number of breaches (L) = Longest wait	100% 0 12 weeks	100% 0 12 weeks		

ADULT SERVICES – PRISON HEALTHCARE SERVICES

AHP Service	Podiatry	% compliance (N) = number of breaches (L) = Longest wait	**73%** **(3)** **92 weeks**	100% (0) 4 weeks		
AHP Service	Dietetics	% compliance (N) = number of breaches (L) = Longest wait	100% (0) 3 weeks	100% (0) 3 weeks		

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
Psychological Therapies waits	All < 13 weeks	23.5%	21.3%	18.3%	21%	21.4%	22.2%	25.0%	25.4%	27.2%	25.9%	25.3%	28.7%	26.2%

Adult Services Directorate – Clinical Psychology Services – KPIs

	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR		APR	MAY
Direct Contacts (cum)	2286 (4517)	2535 (7052)	2172 (9224)	2059 (11283)	2356 (13639)	2320 (15959)	2504 (18463)	2135 (20598)	2453 (23051)	2513 (25561)	2661 (28222)		2594	2755 (5349)
Consultations (cum)	102 (190)	103 (293)	101 (394)	116 (510)	94 (604)	90 (694)	90 (784)	81 (865)	79 (974)	94 (1068)	81 (1149)		78	97 (175)
Supervision - Hours (cum)	140 (264)	133 (397)	127 (524)	128 (652)	119 (771)	116 (887)	110 (997)	121 (1118)	133 (1251)	125 (1376)	153 (1529)		135	135 (270)
Staff training - Hours (cum)	10 (16.5)	5 (21.5)	5 (26.5)	18 (44.5)	23 (67.5)	35.5 (103)	12 (115)	26 (141)	23 (164)	26 (190)	26 (216)		32	36 (68)
Staff training - Participants (cum)	48 (65)	11 (76)	37 (113)	36 (149)	26 (175)	61 (236)	42 (278)	43 (321)	47 (368)	99 (467)	79 (546)		110	111 (212)

Adult Services Directorate – Corporate Issues

Service Area	Indicator	APR 20	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	1	6	4	10	8	10	4	5	10	15	10	8
	What % were responded to within the 20 day target? (target 65%)	67%	0%	50%	50%	50%	63%	40%	50%	100%	60%	27%	70%	38%
	How many were outside the 20 day target?	5	1	3	2	5	3	6	2	0	4	11	3	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	**25.3%** **(1339)** **[1000]**	**28.7%** **(1354)** **[856]**	**26.2%** **(1346)** **[994]**	
		Breaches	**MAR**	**APR**	**MAY**	**Longest Wait (days)**
		Adult Mental Health	**577**	**576**	**576**	565
		Older People	**40**	**27**	**27**	488
		Adult Learn Dis	**34**	**19**	**32**	300
		Children's Learn Dis	**12**	**12**	**7**	210
		Adult Health Psych	**314**	**313**	**324**	774
		Children's Psych	**23**	**18**	**28**	189
		Total	**1000**	**965**	**994**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	MAY 20	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (2)	100% (4)	100% (6)	100% (3)	100% (7)	100% (3)	100% (5)	100% (2)	100% (2)	100% (2)	100% (1)	**25% (4)**	**0% (2)**
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	100% (0)										
Assessment of Children at Risk r in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	97.7% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	95.7% (2)
	All Child protection case conference <15 days from receipt (n) = breaches	**84.6% (2)**	**94.7% (1)**	100% (0)	**86.7% (2)**	**91.7% (2)**	100% (0)	**91.7% (2)**	**83.3% (3)**	**90% (1)**	**77.8% (4)**	**91.7% (2)**	**75% (3)**	**93.3% (1)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	**90% (2)**	**92.9% (1)**	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	**90.3% (9)**	100% (0)	97.5% (3)	**95% (7)**	95.3% (9)	99.4% (1)	97.3% (5)	95.7% (6)	**93.6% (10)**	96.8% (5)	96.8% (5)	**92.1% (12)**	95.2% (8)
	All Family support initial assessment completed <10 days of allocation	**34.5%**	**50%**	**37.6%**	**39.1%**	**41.1%**	**46.7%**	**48.4%**	**31.4%**	**38.5%**	**31.4%**	**36%**	**33.6%**	**36.5%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**65.7% (12)**	**45% (22)**	**34.2% (25)**	**83.3% (8)**	**34.3% (23)**	**77.5% (9)**	**58.6% (12)**	**64.7% (6)**	**66.7% (23)**	**72.4% (8)**	**79.2% (6)**	**76% (6)**	**25.7% (26)**
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)	97.6% (2)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	**37% (22)**	**11% (51)**	**8.9% (41)**	**9.1% (20)**	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 38		Quarter 2 24 (cum 62)			Quarter 3 52 (cum 114)			Quarter 4 62 (cum 176)				
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	220	182	200	220	194	192*	198*	212	207	172	287	297	264
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	196	171	189	197	171	173*	191*	184	179	168	260	269	234

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY
Fostering	Number of Mainstream Foster Carers	390	388	395	393	393	399	402	410	395	399	401	366	359
	Number of children with Independent Foster Carers	77	78	74	74	73	75	75	75	76	76	73	77	75
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	**54.7%**	**55.9%**	**50.9%**	**65.6%**	**72.1%**	**86.2%**	**80.5%**	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	**Quarter 1 87.1%**		**Quarter 2 87.6%**			**Quarter 3 86.9%**			Reported Quarterly In arrears				
	1st time mothers are offered the recommended ante-natal visit by a Health Visitor (reporting is 2 mths in arrears)	**94.6%**	**94.4%**	95.8%	**94.6%**	**92.6%**	**94%**	97.3%	95.8%	**90.5%**	**94%**	**94.5%**	Reported 2 mths in arrears	
Safeguarding	*Total Unallocated Cases at month end*	*268*	*229*	*229*	*276*	*284*	*239**	*261**	*309*	*291*	*285*	*414*	*399*	*382*
	Family Centre Waiting List at month end								18					
Care Leavers	At least 75% aged 19 in education, training or employment	70%	73%	74%	74%	74%	76%	77%	79%	79%	79%	83%	85%	86%

Children's Services - Corporate Issues

Service Area	Indicator	APR 20	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR
Complaints	How many complaints were received this month?	2	1	3	5	6	9	10	7	11	4	12	7	3
	What % were responded to within the 20 day target? (target 65%)	**0%**	**0%**	**33%**	**20%**	**17%**	**11%**	**0%**	**14%**	**18%**	**50%**	**17%**	**0%**	**0%**
	How many were outside the 20 day target?	2	1	2	4	5	8	10	6	9	2	10	7	3
Freedom of Information Requests	How many FOI requests were received this month?	1	0	2	0	1	4	3	2	2	4	1	2	1
	What % were responded to within the 20 day target? (target 100%)	**0%**	n/a	**50%**	n/a	100%	**25%**	**67%**	**50%**	**50%**	**50%**	**0%**	**0%**	100%
	How many were outside the 20 day target?	0	0	1	0	0	3	1	1	1	2	1	2	0

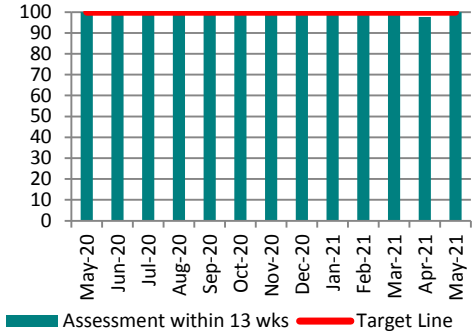
CHILDREN'S SERVICES

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)	**25%** **(4)**	**0%** **(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 15 children taken into care during January 2020. 4 were for Respite/Shared Care. 1 was discharged. Of the remaining 10 all had a plan in place by July 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% (47) [47]	100% (27) [27]	100% (29) [29]	
	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]	100% (35) [35]	95.7% (47) [45]	
	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	**91.7%** **(24)** **[22]**	**75%** **(12)** **[9]**	**93.3%** **(15)** **[14]**	
	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% (8) [8]	100% (24) [24]	100% (20) [20]	

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	96.8% (156) [151]	**92.1%** **(151)** **[139]**	95.2% (168) [160]	
Assessment Of Children At Risk Or In Need	All family support referrals to be investigated and an initial assessment completed within 10 working days from the date the original referral was allocated to the social worker.	% = % compliance (n) = number of assessments completed [n] = number completed within 10 working days	**36%** **(111)** **[40]**	**33.6%** **(113)** **[38]**	**36.5%** **(126)** **[46]**	
	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.	**79.2%** **(24)** **[19]**	**76%** **(25)** **[19]**	**25.7%** **(35)** **[9]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st May 2021, 98 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 73 Days) % = compliance (n) = breaches	100% < 13 wks (0)	97.6% < 13 wks (2)	100% < 13 wks (0)	

CHILDREN'S SERVICES

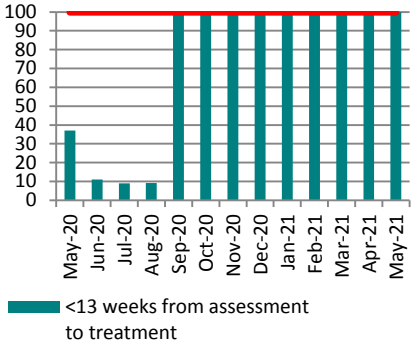
<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>MAR</th><th>APR</th><th>MAY</th><th></th></tr>
<tr><td></td><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>At 31st May 2021 – total waiters:-

<table><tr><td>0 – 4 wks</td><td>15</td></tr><tr><td>>4 – 8 wks</td><td>1</td></tr><tr><td>>8 – 13 wks</td><td>0</td></tr><tr><td>> 13 wks</td><td>0</td></tr><tr><td>Total</td><td>16</td></tr></table>
Longest wait = 66 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 2021

<table><tr><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr><tr><td>23
(95)</td><td>143
(160)</td><td>98
(127)</td><td>264
(382)</td></tr></table></td><td>287

(414)</td><td>297

(399)</td><td>264

(382)</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>28</td><td>4</td><td>6</td><td>38</td></tr><tr><td>1-4 wks</td><td>44</td><td>13</td><td>23</td><td>80</td></tr><tr><td>4-8 wks</td><td>11</td><td>11</td><td>20</td><td>42</td></tr><tr><td>> 8 wks</td><td>12</td><td>132</td><td>78</td><td>222</td></tr><tr><td>Total</td><td>95</td><td>160</td><td>127</td><td>382</td></tr></table>
<table><tr><th>Area</th><th>Longest Wait</th></tr><tr><td>Gateway</td><td>91</td></tr><tr><td>FIT</td><td>431</td></tr><tr><td>Disability</td><td>363</td></tr></table></td></tr>
</table>

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS Q1	PROGRESS Q2	PROGRESS Q3	PROGRESS Q4	TREND
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: **200 Individuals enrolled & setting a quit date in the service by March 2019**	32	30	24	61	Previous figures for Q1 and Q2 included referrals to the service with totalled 1015 in 19/20 Q3 - Covid 19 resulted in decrease in referrals and staff not seeing inpatients face to face **2020/21** Referrals to service cumulative= 1,234 information & signposting to GP & Community Stop Smoking Services Cumulative = 954
		Target: **60% Quit rate at 4 weeks** n = number quit at 4 wks % = Quit rate	17 53%	25 83%	21 87.5%	46	
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: **120 setting a quit date** n = number enrolled	102 referrals 102 signposted to services 59 enrolled	40	To be reported in February 2021	46 set quit date	Q1 = 125 Referrals into service Q2 = 127 Referrals into service **2020/21** Referrals to the service Cumulative=386 Offered BIT at booking and signposted to services= Cumulative=386 Enrolled into service Cumulative=208 Quit at 4 weeks Cumulative =135 Quit rate=65%
		Target: **60% Quit rate at 4 weeks** (n) = number enrolled n = number quit at 4 wks % = Quit rate	38 quit at 4 weeks = quit rate 66%	(40) 25 63%	To be reported in February 2021	**23 quit at 4 weeks**	

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		88/543			No contact and virtual volunteer roles have been created to support during the pandemic. Q2 saw an average of 88 active no contact and virtual volunteer placements.
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	5	11			This figure is cumulative Recruitment figures are reduced due to the cessation of face to face volunteer roles.

WORKFORCE AND EFFICIENCY

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2021 demonstrate a 5% reduction on absenteeism from 2019-20. 2020/21 target is 6.44%.	2019-20 Year End absence was 6.78% (target 6.22%) HR to work collaboratively with the operational Directorates to address absence figures. Note: this does not include COVID related absence	6.83% (adj.)	6.69% (adj.)	6.76% (adj.)	6.68 (cum.)	Q4: 2019-20 = 7.32% (cum) Q4: 2018-19 = 6.55% (cum) Q4: 2017-18 = 6.97% (cum) Q4: 2016-17 = 6.71% (cum)
Induction	By March 2021, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	Covid-19 made it impossible to hold Corporate induction events until July 2020 so no staff were able to attend Induction during the 1st quarter. Welcome events through Zoom commenced in July but it remains a challenge to deal with the backlog. Increasing numbers of staff joining the Trust during COVID, and inability of staff to attend induction have made it difficult to keep up.	**0%**	25%	44%	**34%**	Q4: 2019-20 = 63% Q4: 2018-19 = 68% Q4: 2017-18 = 75% Q4: 2016-17 = 67%
Appraisal	Improve reported Appraisal uptake by 5% on previous year – i.e. 42% by end March 21.	The pressures of Covid-19 have impacted on managers time available to complete appraisals.	42%	34%	38%	41.5%	Q4: 2019-20 = 40% Q4: 2018-19 = 47% Q4: 2017-18 = 44% Q4: 2016-17 = 48%
	By March 2021 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 99.9% appraisal uptake at Year-end 2019-20 (target 95%).	26%	32%	52%	85%	

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
Equality	To provide 'Working Well with Interpreters' training sessions for staff in LVH, UHD and Downpatrick during 2020-21. 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%	0%	50%	100%	The Trust had planned to arrange face to face training sessions during 2020-2021. However these were unable to be fulfilled due to the guidance with regard to postponement of staff training due to the impact of coronavirus. A need was identified for this training to be provided to staff and therefore the Trust set up Zoom Training sessions which were attended by 42 staff in Q3 and 39 staff in Q4. Staff attended from all areas of the Trust. Feedback was positive. A blended approach with face to face and Zoom training sessions will be provided in 2021/2022
	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 was published in January 2021.
Bank	By March 21 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	80.4% Bank 19.6% Agency	Cum 81.8% Bank 18.2% Agency	Cum 75.9% Bank 24.1% Agency	Cum 77% Bank 23% Agency	There are small signs of improvements in the bank agency ratio towards the end of Qtr 4 with the cumulative position at 77% / 23%. Agency dependency in MH and PHC remained high throughput the year, with continued staffing pressures. Despite the on-going pandemic and need to support a new range of Covid Vaccination, testing and contact tracing services with bank staff, the percentage excluding MHIPU and PHC stands at cumulative: Bank 81.3% / Agency 18.7%.

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
	By March 21 to increase the Users of the Corporate Bank Service by 10%	The Corporate Bank aims to continue to increase its users	0%	0%	0%	4.4%	Plans to grow the Corporate Bank Services across the Trust were put on hold to support a new range of Covid-19 related services to include testing facilities, staff vaccination programme and most recently the GBVC at the SSE arena Belfast. We continue to scope rollout with SW. The leadership centre has completed a consultant review of the CBO and a final report has been produced to review current and future plans and structures.
HRPTS	By end March 2021 all medical staffing recruitment to be processed through the eRecruitment system.	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 2020 target has been delayed with Covid 19. Further meetings to be arranged March 2021 Discussions planned with Director Hospital Services / HR to continue Also to be progressed with AD's in Adult Services./Primary Care	30%	30%	30%	30%	

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				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	2 programmes 48 sessions 290 participants	4 programmes via zoom 66 sessions 300 participants	12 programmes via zoom 223 sessions 1,262 participants	7 programmes 134 sessions delivered 932 Participants	Covid 19 – all group session stopped 18 programmes delivered via Zoom 337 sessions 1,852 staff participated In Q3 More Move Lose More was launched which has led to an increase in sessions and staff participation rates **Q4** All session delivered via zoom with recorded sessions on some activities uploaded onto livewell site.
	To deliver & promote Staff Health Checks	This service is delivered by NI Chest Heart & stroke	No sessions delivered in Q1	No sessions delivered in Q2	78 staff attended on line health chests	72 staff attended in Q4	Q3 & Q4 Covid 19- Health Checks now being delivered online

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				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					