South Eastern Health and Social Care Trust

Paper No. SET/37/19

Integrated Performance Management & Accountability Framework
Corporate Scorecard
May 2019

Contents

Introduction

This report presents the monthly performance against:

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

The report is divided into two sections:

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

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

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

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

Glossary of Terms

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

SECTION 1

SET OUTCOMES

Programme for Government Framework

PfG Outcome: We enjoy long, healthy, active lives

Indicators

PfG:

% population with GHQ12 scores >/= 4

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

% people who are satisfied with Health and Social Care

Preventable mortality

Healthy life expectancy at birth

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

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

DoH:

Improving the health of our people

Improving the quality and experience of healthcare

Ensuring the sustainability of our services

Supporting and empowering staff

Trust:

Reduce preventable deaths

Reduce unplanned Hospital admissions

Increase independent living

Decrease mood and anxiety prescriptions

Primary Measures

Recovery College

Emergency admissions rate

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

Improve mental wellbeing

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

SQE Performance

Make Contact Count

Health Promotion

Age Friendly Societies

Falls Prevention

Smoking Cessation

Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

SAFE AND EFFECTIVE CARE
May 2019

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.06.2019

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

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

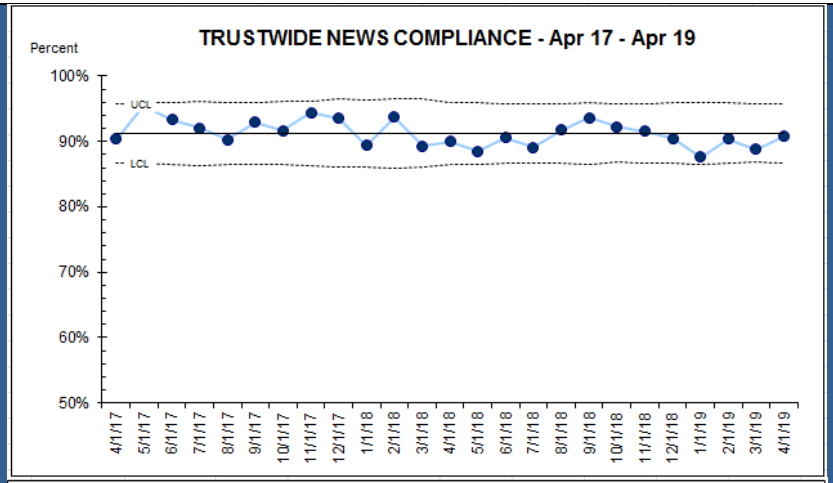
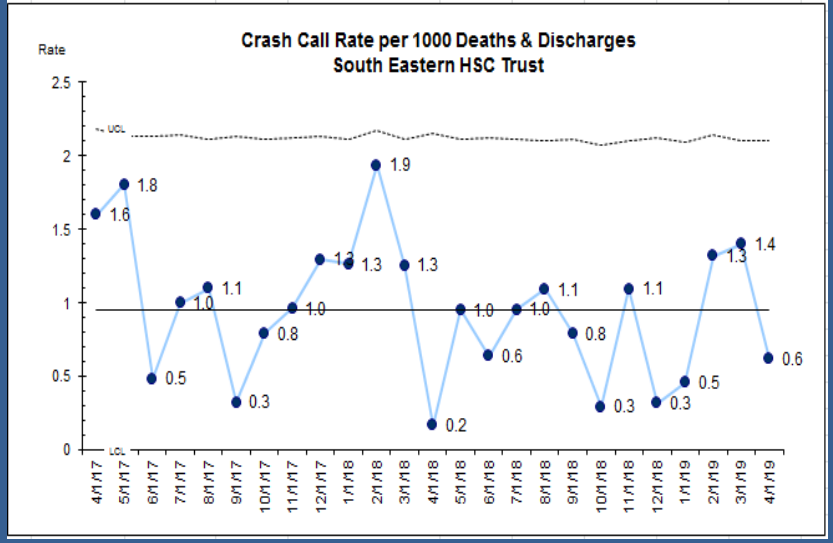
• As way of demonstrating and thinking about variation

• As simple tool for analysing data – measurement for improvement

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

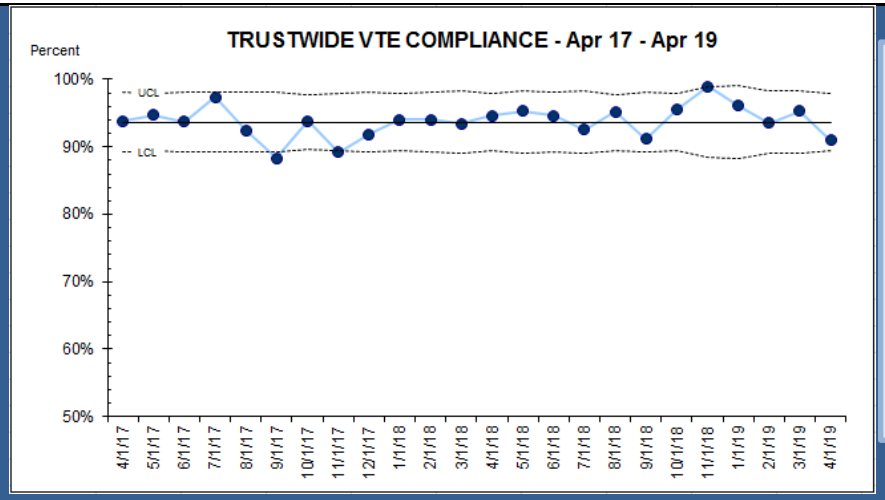
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.06.2019

Description	Aggregate position	Trend	Variation
The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process is measured across all wards each month through a random sample of 10 patient charts in each area.	**All cardiac arrests are reported to the monthly M&M meetings for discussion.** **On the launch of the regional NEWS 2 further training will be rolled out .** **Elearning will also be available to support learning.**	 	Lowest compliance questions: Part 1: Evidence of appropriate action (95%) and Part 2: If NEWS score is above 5, is there evidence of actions taken (95%) **2016/17** Average compliance 88% **2017/18** Average compliance 93% **2018/19** Average compliance 90%

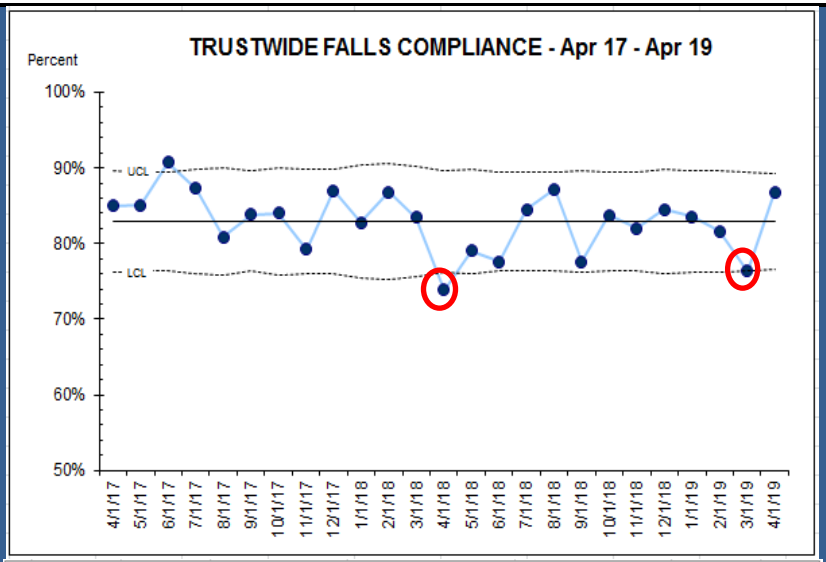
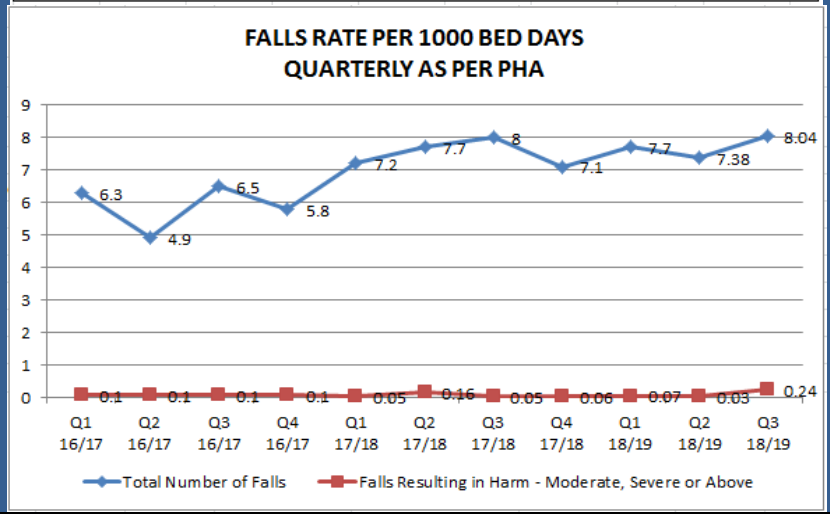
South Eastern Health and Social Care Trust

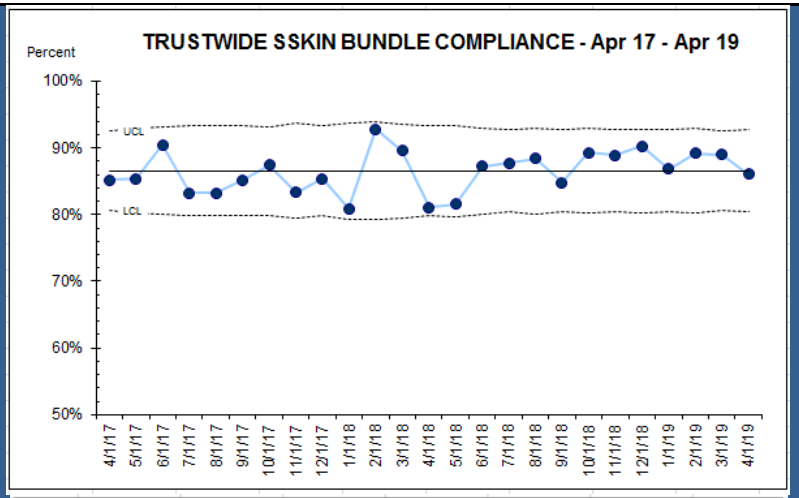
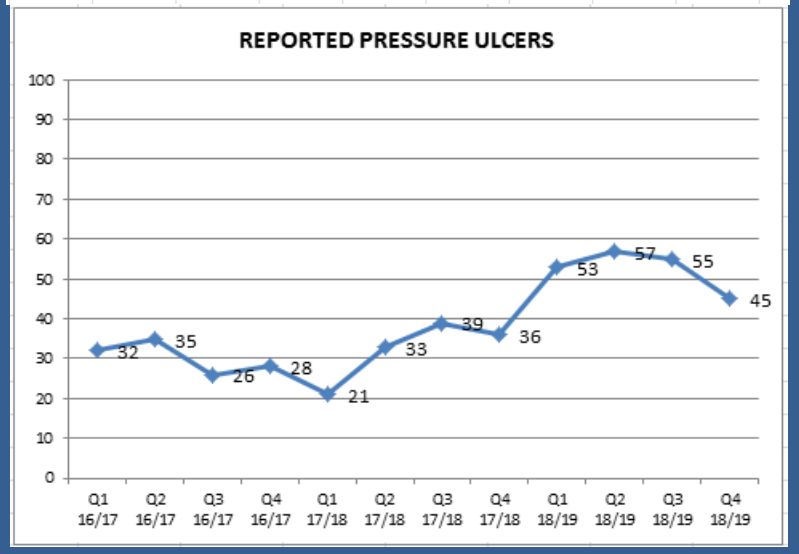
SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.06.2019

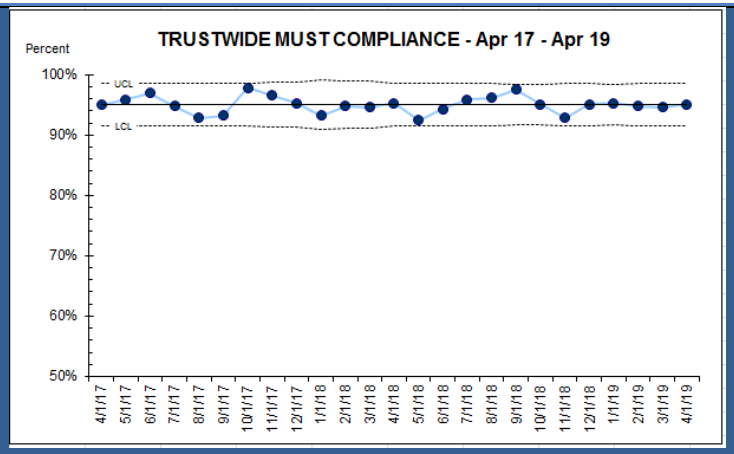
Description	Aggregate position	Trend	Variation
Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2018/19			**2016/17** Average compliance 91% **2017/18** Average compliance 93% **2018/19** Average compliance 94%

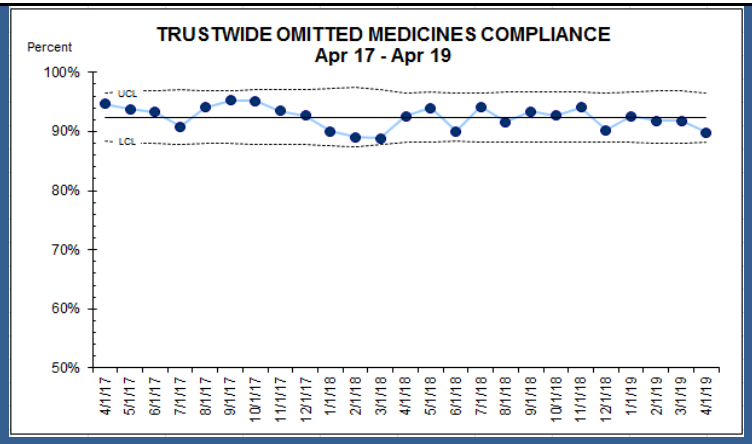
South Eastern Health and Social Care Trust

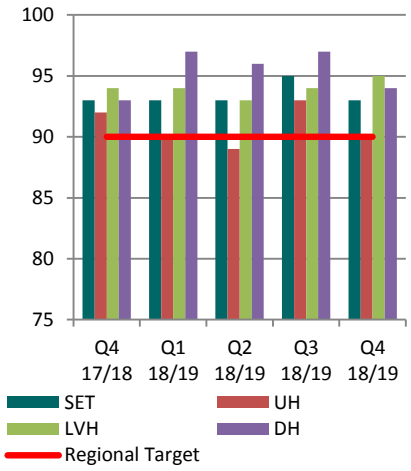
SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.06.2019

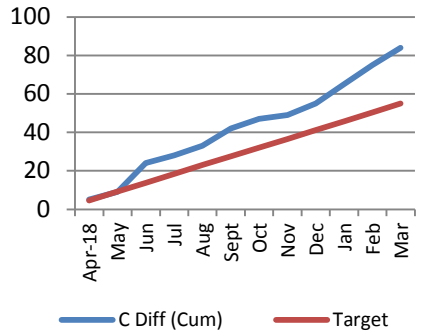
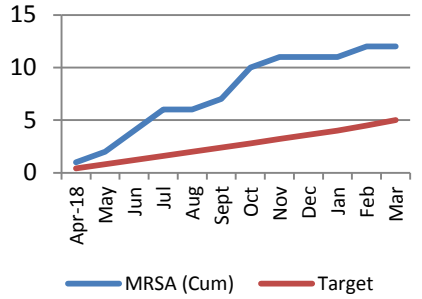
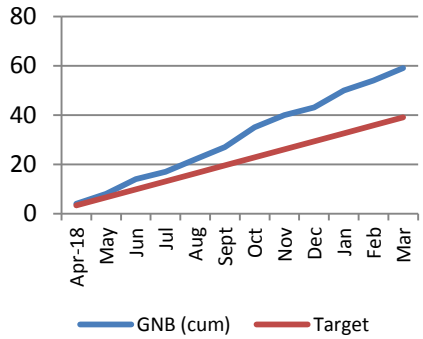
Description	Aggregate position	Trend	Variation
Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and those patients 65+ years and patients aged 50-64 years who are judged to be at higher risk of falling because of an underlying condition in part B.	See chart with falls rate per 1000 bed days. Safe and Effective care are working closely with the Trust falls coordinator, falls champions and Strategic & Capital Development Manager to implement measures to reduce the falls in the IWB. Falls improvement group has been established within medical directorate ward 3a and ward 3b will be pilot wards as part of QI Falls project. Further work is also being progressed in the Surgical Directorate to identify initiatives to reduce falls. April 2018 and March 2019 had up to 4 wards with a compliance of 40% or under which reduced the overall compliance for Falls Trustwide in these months.	 	Lowest compliance questions: Part A: 'Urinalysis performed' 92% Part B: 'Lying and Standing Blood Pressure'93% **2016/17** Average compliance 75% **2017/18** Average compliance 82% **2018/19** Average compliance 83%

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**	165 pressure ulcers reported • **98 Grade 2** • **31 Grade 3** • **26 Grade 4 and above** • **10 Medical device related** • **6 Avoidable** **2018/2019** **The figures show a rise in Pressure Ulcer incidence Q1/Q2/Q3 2018/19 in comparison to the previous year. Reported in the figures are now medical device related pressure damage and ED figures. This accounted for ED 13 / Medical device 13** **In April 2018, the SEHSCT Total Bed Management (TBM) contract was awarded to a new supplier which correlates with the significant rise in incidence. Following escalation of concerns action has been taken to mitigate the risk whilst we work towards a phased implementation of new mattresses trust wide.**	 	Lowest compliance question: 'Nutrition Risk (MUST) applied and documented 95% **2016/17** Average compliance 83% **2017/18** Average compliance 86% **2018/19** 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.**		**2016/17** Average compliance 93% **2017/18** Average compliance 97% **2018/19** Average compliance 95%

Description	Aggregate position	Trend	Variation
95% compliance with fully completing medication kardexes (i.e. no blanks) The omitted medicines regional group has been formed to set direction and inform strategy on omitted and delayed medicines for adults in patient wards.	**There has been a steady increase in compliance.** **The regional working group agreed each trust would test the safety thermometer as a proposed regional measurement tool.** **Safety thermometer has been tested on ward 5b and transition ward UHD . Next regional meeting June 2019.**		**2016/17** Average compliance 90% **2017/18** Average compliance 92% **2018/19** Average compliance 91%

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
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 93%	SET 95%	SET 93%	
			SET 92%	UH 90%	UH 89%	UH 93%	UH 90%	
			SET 94%	LVH 94%	LVH 93%	LVH 94%	LVH 95%	
			DH 93%	DH 97%	DH 96%	DH 97%	DH 94%	

TITLE	Target	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
HCAI	By March 2019 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 2019 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>2018/2019 Target</td><td>2019/2020 Target</td></tr><tr><td>C Diff</td><td>**Target<55**</td><td>**Not yet disclosed**</td></tr><tr><td>MRSA</td><td>**Target<5**</td><td>**Not yet disclosed**</td></tr><tr><td>GNB</td><td>**Target <39**</td><td>**Not yet disclosed**</td></tr></table> **Of the 75 C Diff cases in 18/19, 33 were within 72 hours of admission, with 42 later than 72 hours from admission.** **Of the 12 MRSA Cases in 18/19, 8 were within 48 hours of admission, with 4 later than 48 hours of admission.** **Of the 9 C Diff cases in 19/20, 4 were within than 72 hours.**	**C Diff 9 (cum 84)**	C Diff 7	C Diff 2 (cum 9)	
			MRSA 0 (cum 12)	MRSA 1	MRSA 1 (cum 2)	
			GNB 5 (cum 59)	GNB 6	GNB 6 (cum 12)	

SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		MAY 18	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR		APR	MAY
Outpatient waits	Min 50% <9 wks for first appt		20.4%	21.4%	20.8%	19.5%	19.4%	20.1%	19.9%	19.0%	18.3%	19.4%	19.8%		19.1%	18.5%
	All <52 wks		63.8%	62.9%	62.2%	61.3%	60.5%	60.2%	60.3%	60.1%	60.0%	59.6%	59.4%		58.5%	57.7%
Diagnostic waits	Imaging 75% <9 wks		63.7%	62.5%	57.8%	56.7%	59.7%	58.5%	67.9%	66.6%	65.3%	66.9%	65.8%		63.7%	59.8%
	Physiological Measurement <9 wks		59.9%	63.1%	57.8%	50.4%	53.9%	51.8%	52.6%	46.5%	45.1%	47.3%	51.4%		49.2%	47.8%
	Diag Endoscopies	< 9 wks	38%	38.8%	36%	34%	34%	38%	41%	45%	46%	55%	69%		80%	87%
		< 13 wks	54%	56%	55.6%	58%	60%	65%	63%	66%	65%	62%	63%		63%	63%
Inpatient & Daycase Waits	Min 55% <13 wks		44%	46%	45%	45%	43%	45%	48%	49%	47%	49%	52%		53%	51%
	All <52 wks		81%	81.3%	81%	81%	81%	81%	82%	83%	82%	82%	82%		82%	82%
Diagnostic Reporting	Urgent tests reported <2 days		92.6%	92.4%	90.7%	89.7%	87.6%	88.2%	88.2%	81.7%	85%	80.2%	70.1%		80.3%	88.3%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	76.3%	75.8%	73.5%	73.5%	75.5%	76.1%	73.2%	70%	70.3%	69.2%	69.3%		69.5%	71.7%
		12hr breaches	464	551	552	345	397	306	515	621	759	933	789		782	577
	UHD	4hr performance	63.3%	62.4%	61.5%	63.4%	64.3%	66.1%	62%	58.4%	59%	56.3%	57%		55.2%	57.2%
		12hr breaches	450	550	551	340	394	305	507	610	710	890	756		761	576
	LVH	4hr performance	87.3%	85.4%	87.4%	79.9%	81.1%	77.5%	80.3%	77.1%	71.9%	73.7%	73.8%		75.8%	81.3%
		12hr breaches	0	0	1	1	1	0	1	6	24	25	11		8	1
	DH	4hr performance	92.5%	93.8%	93.3%	92.4%	92.4%	90.4%	88.9%	90%	87.9%	89.4%	86.4%		89.4%	89%
		12hr breaches	14	1	0	4	2	1	7	5	25	18	22		13	0
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		87.3%	86.4%	87.0%	88.7%	90.2%	89.7%	87.6%	84.5%	86.3%	87.4%	85.5%		83.8%	85.4%
Non Complex discharges	ALL <6hrs		87.1%	86.9%	87.7%	88.9%	89.5%	89.7%	89%	88.8%	89.2%	89%	89%		89.3%	88.8%
Hip Fractures	>95% treated within 48 Hours		68%	67%	64%	70%	79%	79%	74%	82%	76%	97%	91%		61%	63%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		16.2%	12%	5.9%	9.7%	11.4%	14%	17%	6%	5%	12.5%	16.2%		6%	14.6%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		56%	59%	57%	45%	49%	41%	44%	50%	38%	48%	49%		51%	41%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)		100% (0) {14}	99.5% (1) {21}	100% (0) {14}	100% (0) {14}	100% (0) {14}	98.2% (4) {56}	94% (16) {21}	98.9% (2) {17}	90% (27) {31}	100% (0) {13}	98.6% (3) {15}		100% (0) {14}	100% (0) {13}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		94% (8)	94% (4)	96% (3)	94% (5)	95% (5)	95% (5)	89% (9)	95% (5)	92% (11)	95% (5)	94% (7)		92% (9)	95% (5)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%		100%			100%			No stats due to staff shortage					
	Psoriasis (n) - Breaches		0% (10)		0% (1)			100% (0)			No stats due to staff shortage					

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		MAY 18	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		95.9%	95.3%	95.4%	98.7%	94.5%	96.9%	95.4%	92.8%	97.6%	98.6%	95%	93%	98.2%
	% routine tests reported <28 days (Target formerly 100%)		96.4%	96.1%	96.2%	99.3%	95.5%	97.6%	96.2%	99.3%	99.4%	99.8%	99.8%	99.4%	99.7%
% Operations cancelled for non-clinical reasons		SET	1%	**2.2%**	0.6%	0.8%	1.8%	0.9%	0.6%	1.1	0.8%	1.1%	1.2%	1.2%	0.8%
		UHD	1.2%	1.7%	0.7%	0.9%	**2.1%**	0.9%	0.7%	1.5	1%	1.5%	1.3%	1.3%	0.5%
		LVH	1.1%	1.9%	0.3%	0.6%	**2.1%**	1.4%	0.2%	0.5	1%	0.9%	1.3%	1.3%	0.8%
		DH	0.2%	**4.3%**	0.4%	0.9%	0.6%	0.2%	1.1%	0.7	0%	0%	0.2%	0.2%	1.6%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 69%**	**Cum 65%**	**Cum 65%**	**Cum 67%**	**Cum 67%**	**Cum 66%**	**Cum 66%**	**Cum 66%**	**Cum 66%**	**Cum 66%**			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 78.6%	Cum 79.6%	Cum 78.6%	Cum 77.9%	Cum 77.4%	Cum 77.3%	Cum 77.9%	Cum 78.1%	Cum 78.7%	Cum 79.0%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		12797	12435	12137	12238	11741	12329	12062	11860	12405	11464	12571	12782	13141
	Ulster Hospital		8375	8179	7918	7938	7904	8053	8156	8216	8199	7552	8351	8271	8492
	Lagan Valley Hospital		2308	2242	2147	2213	1972	2382	2140	1911	2213	2117	2271	2307	2444
	Downe Hospital (inc w/end minor injuries)		2114	2014	2072	2087	1865	1894	1766	1733	1993	1795	1949	2204	2205
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		10.3%	9.7%	10.3%	9.6%	10.1%	9.9%	9.4%	10.9%	10.4%	9.6%	9.6%	10.4%	9.6%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		**-8.3%**	**12.1%**	**15.3%**	**8.1%**	**12.3%**	**-0.1%**	**-0.5%**	23.1%	**6.9%**	19.6%	**8.6%**	**12.3%**	**0.7%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5644	5550	5121	5537	5182	5990	5551	4521	5916	5438	5507	5425	5735
Other Operative Fractures	>95% within 48hrs		**73%**	**68%**	**66%**	**69%**	**75%**	**78%**	**74%**	**71%**	**75%**	**89%**	**86%**	**66%**	**67%**
	100% within 7 days		97.6%	93.6%	92.9%	96%	100%	97.3%	97.3%	98.6%	95.8%	100%	97%	**94%**	**92.9%**
Stroke	No of patients admitted with stroke		37	33	51	31	35	35	35	34	42	32	37	35	41
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**56% (106)**	**57.9% (85)**	**51.4% (128)**	**38.6% (153)**	**47.4% (140)**	**39.6% (131)**	**47% (122)**	**50% (121)**	**46.8% (99)**	**55% (104)**	**51.3% (112)**	**49.1% (112)**	**43.8% (104)**
		Ophth	**30.6% (347)**	**30.7% (346)**	**27% (392)**	**31.5% (352)**	**29.5% (375)**	**37% (351)**	**35.9% (322)**	**33.4% (317)**	**35.1% (281)**	**38.4% (276)**	**41.3% (219)**	**45.1% (189)**	**48.3% (164)**

HOSPITAL SERVICES

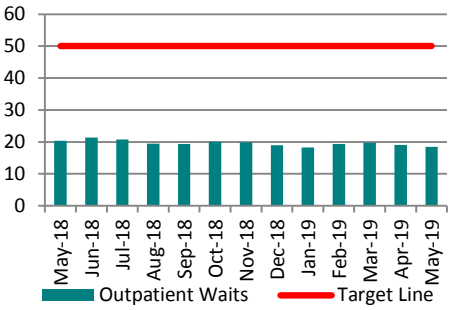
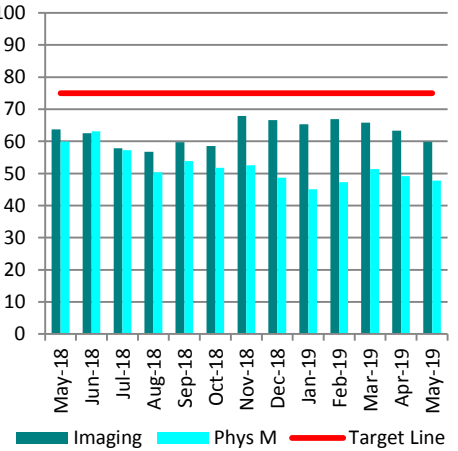
Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.5	5.9	6.3	6.2	5.9	6.0	6.1	6.4	7.1	6.6	6.8	6.6	6.5
	Ave LOS trimmed	5.0	4.8	4.9	4.7	4.5	4.7	4.7	4.8	5.2	5.1	5.1	5.0	4.8
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	11.4	8.6	11.3	10.2	12.3	10.8	10.6	10.5	12.9	10.5	9.8	10.8	10.7
	Ave LOS trimmed	7.0	6.8	7.1	7.3	7.4	7.4	6.9	6.8	7.3	7.0	6.4	6.4	6.5
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**80.1%**	**73.9%**	**80.8%**	**77.2%**	**78.7%**	**76.6%**	**76.6%**	**69.6%**	**70.4%**	**69.3%**	**77.9%**	**70.9%**	**74.4%**
	% NEW attendances who left without being seen (Target < 5%)	2.8%	3.3%	3.1%	3%	2.4%	2.4%	3.4%	3.5%	2.5%	3.5%	3.4%	4.0%	3.4%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.6%	3%	2.6%	2.8%	2.5%	2.5%	3.2%	2.7%	2.6%	2.5%	2.4%	2.6%	2.9%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	49.2%	46.8%	45.9%	52.1%	53.2%	56.5%	52%	47.4%	50.5%	48.7%	50.9%	45.3%	46.8%

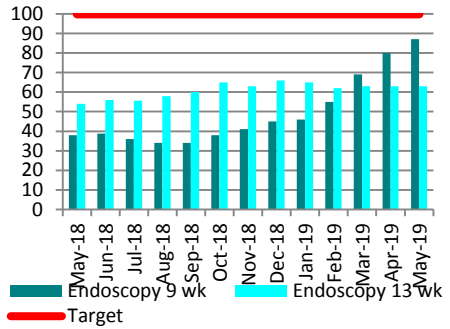
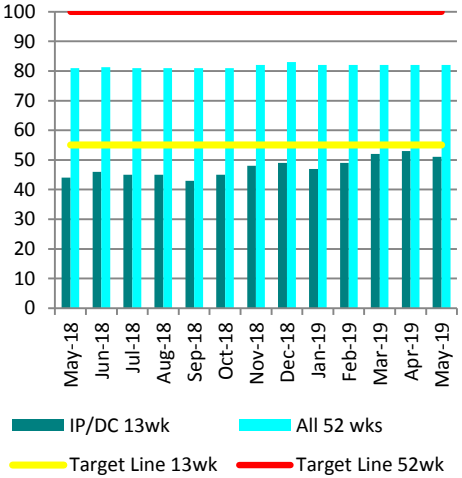
Hospital Services – Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR
Complaints	How many complaints were received this month?	38	30	52	22	32	23	33	31	26	32	32	31	27
	What % were responded to within the 20 day target? (target 65%)	**42%**	**47%**	63%	**14%**	**28%**	**26%**	**36%**	**23%**	**62%**	**34%**	**31%**	**26%**	**33%**
	How many were outside the 20 day target?	22	16	19	19	23	17	21	24	10	21	22	23	18
Freedom of Information Requests	How many FOI requests were received this month?	11	3	2	11	12	6	8	13	6	9	11	10	8
	What % were responded to within the 20 day target? (target 100%)	**82%**	**67%**	**50%**	**73%**	**75%**	100%	**88%**	100%	100%	**89%**	**91%**	**80%**	**75%**
	How many were outside the 20 day target?	2	1	1	3	3	0	1	0	0	1	1	2	2

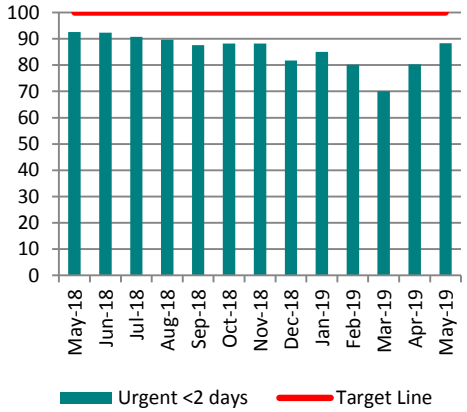
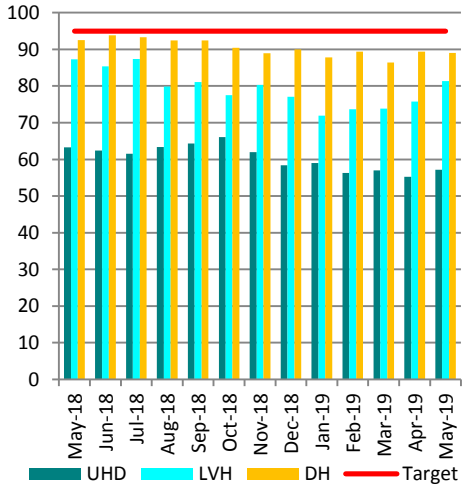
HOSPITAL SERVICES

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	**19.8%** **[69721]** **[55908]** **[28265]**	**19.1%** **[69736]** **[56403]** **[28936]**	**18.5%** **[70223]** **[57208]** **[29712]**	
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.*	**65.8%** **[9081]** **(3104)** **{646}**	**63.7%** **[8982]** **(3256)** **{781}**	**59.8%** **[9122]** **(3665)** **{958}**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**51.4%** **(3431)** **{602}**	**49.2%** **(3759)** **{694}**	**47.8%** **(3907)** **{814}**	
	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)	**69%** **[1704]** **(523)**	**80%** **[1569]** **(315)**	**87%** **[1330]** **(177)**	

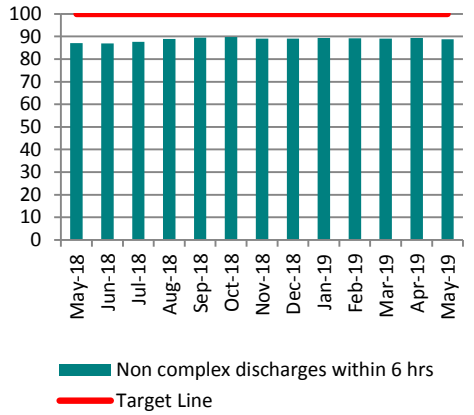
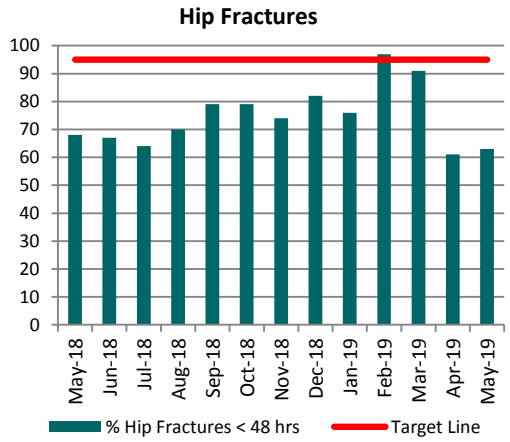
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE MAR	PERFORMANCE APR	PERFORMANCE MAY	TREND
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	**63%** **[687]** **(252)**	**63%** **[744]** **(276)**	**63%** **[714]** **(264)**	
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	**52%** **(4299)**	**53%** **(4238)**	**51%** **(4550)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**82%** **(1673)**	**82%** **(1653)**	**82%** **(1692)**	

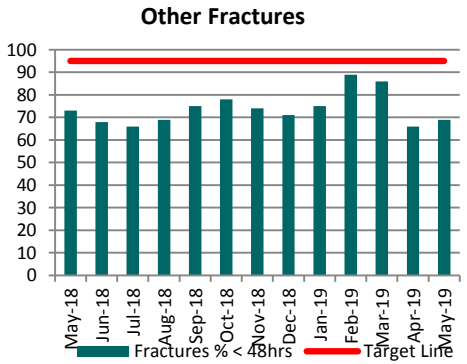
HOSPITAL SERVICES

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 March 2019, of 2027 total urgent tests reported, 1421 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**70.1% (606) [2027]**	**80.3% (408) [2068]**	**88.3% (207) [1763]**	
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 14467 [10019] 69.3% (789)**	**SET 14784 [10282] 69.5% (782)**	**SET 15306 [10974] 71.7% (577)**	
			UH 8351 [4762] 57% (756)	**UH 8271 [4562] 55.2% (761)**	**UH 8492 [4860] 57.2% (576)**	
			LVH 2271 [1677] 73.8% (11)	**LVH 2307 [1748] 75.8% (8)**	**LVH 2444 [1988] 81.3% (1)**	
			DH 1949 [1684] 86.4% (22)	**DH 2204 [1971] 89.4% (13)**	**DH 2205 [1963] 89% (0)**	

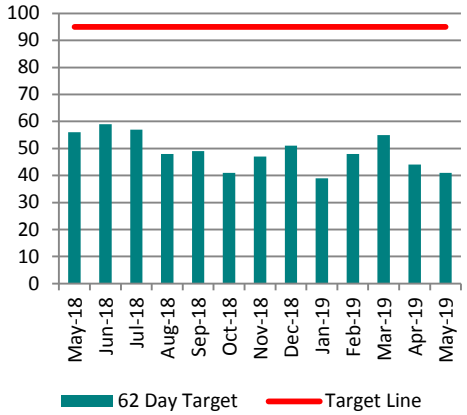
HOSPITAL SERVICES

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 Jan was 89.3% 2767 (295) now 89.5% 2780 (293) Feb was 89% 2591 (286) now 89.2% 2613 (283)	**89%** **743** **(302)**	**89.3%** **2761** **(295)**	**88.8%** **2841** **(319)**	
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	91% 33 (30) [3]	**61%** **33** **(20)** **[13]**	**63%** **24** **(15)** **[9]**	

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	**86%** **66** **(57)** **[9]** **{2}**	**66%** **82** **(54)** **[28]** **{5}**	**69%** **85** **(59)** **[26]** **{6}**	
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	16.5% 6 (37)	**6%** **2** **(35)**	14.6% 6 (41)	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 49 SET CBYL referrals received during May 2019. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	**84.8%** **(46)** **[7]**	100% (60) [0]	100% (49) [0]	May 2019: a further 23 were out of catchment and referred to host Trusts. 11 DNA'd appointments. 5 were re directed to other services. 1 seen at another date. 2 declined service. 1 CAN'd. 3 were unable to be contacted.

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 2019, 47.5 patients were seen. There were 28 breaches involving 37 patients, of whom 18.5 were shared Revisions post patient pathway confirmation and pathology validation:- Apr was 55%, 55 seen (25), now 44% 70 seen, (39.5) Mar was 52%, 61.5 seen (29.5), now 55% 55.5 seen, (25)	**55%** **55.5** **(25)**	**44%** **70** **(39.5)**	**41%** **47.5** **(28)**	
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	98.6% [255] 220 (3) {15}	100% [220] 269 (0) {14}	100% [250] 239 (0) (13)	
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% 120 (7)	92% 106 (9)	95% 97 (5)	

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	**8.6%** **1832** **(228)**	**12.3%** **1758** **(154)**	**0.7%** **1990** **(386)**	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				
	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				

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 19	FEB	MAR		APR	MAY
Allied Health Professions waits	All < 13 weeks	94.6%	93.9%	94.7%	93.8%	92.8%	93.4%	93.4%	92.7%	88.8%	90.7%	93.5%		90.6%	86.8%
Complex Discharges	Min. 90% <48hrs (SET TOR)	81.6%	84.7%	81.7%	83.2%	80.3%	84.7%	83.2%	83.8%	77.4%	82%	78%		82%	82.7%
	Min. 90% <48hrs (SET in SET beds)	81.2%	86.1%	86.6%	87.1%	85.7%	85.9%	85.5%	85%	80.1%	83.7%	80.2%		86%	84.2%
	Min. 90% <48hrs (All in SET beds)	79.2%	78%	81.1%	82.7%	80.6%	79.6%	80.2%	79.3%	77.4%	79.6%	77.5%		82.5%	79.3%
	Number complex discharges	434	428	457	484	489	524	516	518	601	500	536		491	550
	ALL <7days	90.2%	91.8%	94.1%	93.9%	94.5%	92.8%	93%	94%	93.9%	93.2%	91.4%		94.7%	95.3%
	SET and Other TOR	92.1%	95.7%	95.3%	94.4%	97%	96.1%	97.2%	96.8%	94.8%	95.2%	93.3%		96.2%	97.4%
	Belfast TOR	84.3%	79.8%	90.8%	92.6%	86.9%	80.6%	78.3%	83.3%	90%	85.7%	85.8%		88.8%	88%
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 1	736	Quarter 2 616 (cum 1352)			Quarter 3 719 (cum 2084)			**Quarterly in arrears**					
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	87%	86%	87%	84%	81%	81%	87%	81%	83%	80%	83%		82%	84%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	51.0% (260)	44.5% (226)	54.7% (237)	49.0% (258)	54.0% (241)	55.5% (229)	52.7% (225)	55.3% (214)	58.7% (176)	63.8% (167)	60.0% (189)		57.1% (214)	55.6% (228)
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	1670	1839	1856	2011	2224	2663	2924	2847	2827	2883	3944		3928	4156
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 1	287	Quarter 2 443 (cum 730)			Quarter 3 445 (cum 888)			**Quarter 4 349 (cum 1237)**					
Direct Payments	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	129	131	134	134	131	138	150	155	156	156	159		159	165
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	58608 Hours	Quarter 2 55790 Hours (cum 114 398 Hours)			Quarter 3 46740 Hours (cum 161 138 Hours)			**Quarter 4 48422 Hours (cum 209 560 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 19	FEB	MAR	APR	MAY
Assess and Treat Older People	Main components of care needs met <8 weeks		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	96.1%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches		**87.4% (14)**	**90.8% (9)**	**93.5% (8)**	**91.5% (7)**	**88.2% (12)**	**80.9% (18)**	**87% (10)**	**86.6% (9)**	**87.8% (9)**	**94.3% (5)**	**91.9% (6)**	**87.9% (11)**	**76.1% (16)**
Orthopaedic ICATS	By March 2018, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks. (n) = breaches	<9 wks	75.7% (341)	78.1% (323)	**63.9% (653)**	**49.9% (1076)**	**47.2% (1282)**	**54.7% (1044)**	**59.3% (849)**	**56% (945)**	**57.3% (863)**	61.5% (678)	66.1% (583)	**56% (893)**	**53.5% (1049)**
		<52wks	95.9% (57)	98% (30)	**83.5% (298)**	**75% (537)**	**79.6% (496)**	**80.3% (453)**	**87.3% (265)**	**89.3% (229)**	**96.9% (63)**	**99.5% (9)**	**99.9% (1)**	**93.5% (132)**	**94.6% (122)**

Directorate KPIs & SQE Indicators

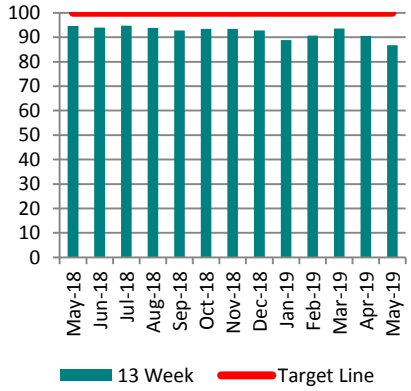
Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	55%	55%	44%	42%	47%	47%	48%	42%	52%	**30%**	**24%**	**30%**	**31%**

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	21	13	7	10	22	10	11	10	7	8	7	15	7
	What % were responded to within the 20 day target? (target 65%)	90%	62%	57%	60%	73%	70%	**45%**	60%	71%	**25%**	**43%**	**26%**	71%
	How many were outside the 20 day target?	2	5	3	4	6	3	6	4	2	6	4	6	2
Freedom of Information Requests	How many FOI requests were received this month?	5	3	4	1	5	11	4	2	1	1	3	2	2
	What % were responded to within the 20 day target? (target 100%)	100%	100%	**50%**	**0%**	**80%**	100%	100%	**50%**	100%	100%	**67%**	**50%**	100%
	How many were outside the 20 day target?	0	0	2	1	1	0	0	1	0	0	1	1	0

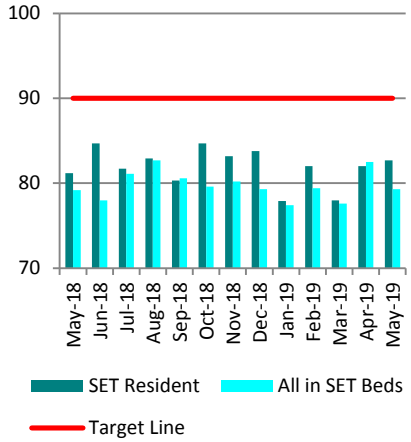
PRIMARY CARE AND OLDER PEOPLES SERVICES

<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 2019 of 12209 patients on the AHP waiting list, 1609 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>6421</td><td>548</td><td>91.5%</td></tr>
<tr><td>OT</td><td>1742</td><td>419</td><td>75.9%</td></tr>
<tr><td>Orthoptics</td><td>488</td><td>48</td><td>90.2%</td></tr>
<tr><td>Podiatry</td><td>1120</td><td>31</td><td>97.2%</td></tr>
<tr><td>Adults S&LT</td><td>953</td><td>425</td><td>55.4%</td></tr>
<tr><td>Childrens S&LT</td><td>351</td><td>35</td><td>90.0%</td></tr>
<tr><td>Dietetics</td><td>1134</td><td>103</td><td>90.9%</td></tr>
</table>
[n] = total waiting
(n) = breaches</td>
<td>93.5%
[11314]
(734)</td>
<td>90.6%
[12073]
(1129)</td>
<td>86.8%
[12209]
(1609)</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).

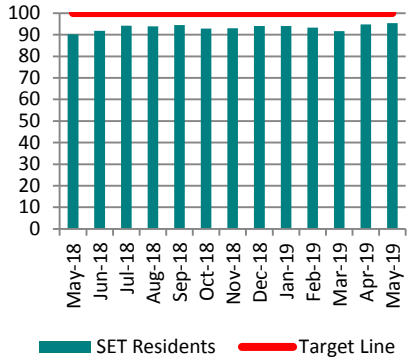
(n) = 48 hr breaches

Revisions post validation:-

Apr was 82% (59) now 81% (61)

SET Key reasons:-
• No Domiciliary Care Package
• Patient / Family resistance</td>
<td>78%
(73)</td>
<td>81%
(61)</td>
<td>82.7%
(62)</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 77.5% (538) now 77.4% (539)	**77.4%** **(539)** **>48 hrs By Trust of res** **SET 72** **BT 46** **NT 1** **ST 2** **WT 1**	**82.5%** **(491)** **>48 hrs By Trust of res** **SET 53** **BT 31**	**79.3%** **(550)** **>48 hrs By Trust of res** **SET 66** **BT 47** **ST 1**	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying SET (and Other) patients in SET beds. n = complex discharges (n) = discharges delayed by more than 48hrs. Revisions post validation:- Mar was 82% 416 (75) now 80.2% 480 (95)	**80.2%** **480** **(95)**	**86%** **393** **(55)**	**84.2%** **425** **(67)**	
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 91.4% 538 (46) now 91.3% 539 (47)	**91.4%** **538** **(46)** **SET 28** **BT 18**	**94.7%** **491** **(26)** **SET 15** **BT 11**	**95.3%** **550** **(26)** **SET 15** **BT 11**	

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 93.3% 416 (28) now 95.3% 418 (28) Feb was 95.2% 395 (19) now 95.2% 398 (19)	**93.3%** **418** **(28)**	**96.2%** **393** **(15)**	**97.4%** **425** **(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 was 85.8% 120 (18) now 85% 120 (18)	**85%** **120** **(18)**	**88.8%** **98** **(17)**	**88%** **125** **(15)**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	
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.**	729 (cum 2151)	**799** **(cum 2950)**	736 (cum 736)	629 (cum 1352)	719 (cum 2084)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**87%**	**86%**	**87%**	**84%**	**81%**	**81%**	**87%**	**81%**	**83%**	**80%**	**83%**	**82%**	**84%**
	Total Number of Urgent Calls	1012	907	882	875	1015	932	951	1473	1232	1372	1579	1403	1301
	Urgent Calls within 20 minutes	881	783	768	735	817	771	823	1194	1020	1094	1306	1154	1095
	100% of less urgent calls triaged within 1 hour	**75%**	**75%**	**79%**	**72%**	**66%**	**70%**	**69%**	**59%**	**65%**	**58%**	**61%**	**64%**	**70%**
	Total Number of Routine Calls	6525	5692	5783	5510	5836	5331	5667	7936	6121	5336	6578	6332	6250
	Routine calls within 1 hour	4730	4285	4563	3962	4193	3711	3918	4683	3948	3111	3987	4026	4387

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	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.	45	46	34	48	50	48	54	47	53	29	70	49	49	49
Adult MH Services waits	All < 9 weeks	**94.8%**	97.2%	97.5%	99.3%	97.8%	97.3%	95.3%	96.6%	96.3%	97.8%	95.3%	**92.4%**	96.9%	97.6%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 1 73			Quarter 2 84 (cum 157)			Quarter 3 57 (cum 214)			**Quarter 4 73 (cum 287)**				
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	97%	99%	97%	100%	99%	98.8%	98.3%	98.7%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	7	5	3	4	4	5	5	4	3	2	4	4	5	3
	All follow-up < 7 days from discharge	98%	97%	97%	100%	100%	100%	98.3%	98.6%	96.6%	96.6%	**84.6%**	100%	98.6%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

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

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	3	2	7	3	5	4	2	0	3	2	5	5	5
	What % were responded to within the 20 day target? (target 65%)	**33%**	**50%**	86%	67%	**20%**	**0%**	100%	n/a	**33%**	**0%**	**0%**	**20%**	**20%**
	How many were outside the 20 day target?	2	1	1	1	2	4	0	0	2	2	5	4	4
Freedom of Information Requests	How many FOI requests were received this month?	1	2	4	1	4	1	2	2	0	1	2	3	2
	What % were responded to within the 20 day target? (target 100%)	100%	100%	**75%**	100%	100%	100%	100%	100%	n/a	100%	100%	**67%**	**0%**
	How many were outside the 20 day target?	0	0	1	0	0	0	0	0	0	0	0	1	2

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	**92.4%** **748** **[57]**	96.9% 487 [15]	97.6% 704 [17]	There is a marked increase in the referral rate in May. Experienced Bank staff are no longer being used and we have employed two new staff who are in their induction period. A core member of the team has moved to a new team leader position leaving a vacancy of an experienced member of staff.
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 72 discharges in May 2019. All were discharged within 7 days.64 were from the SET, 4 were Belfast, 1 Northern, 3 Southern. 1 DNA'ed offered 7 day follow-up appointment due to being out of the country.	100%	100%	100%	There were 72 discharges, 72 were offered 7 day follow up. Attended were 71, 1 required to be rearrange due to consultant sickness
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	May 2019 there were 3 delayed discharges 1 individual was over 365 days and awaiting clarification from Trust of origin and funding for nursing home accommodation, 1 awaits supported living accommodation and 1 refuses to leave the hospital.	4	5	3	The availability of suitable accommodation remains as the difficulty in facilitating the discharge of these individuals.
	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 72 SET discharges in May. 72 were offered 7 day follow up. 71 were seen within 7 days. 1 DNA due to being out of the country	100%	98.6%	100%	In May there were 72 patients admitted to SET, 64 of which were SET patients , 4 were from Belfast 1 was from the Northern Trust and 3 from the Southern Trust. 1 patient did not attend the 7 day follow-up appointment which was offered, as she was out of the country

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	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	**6**	**4**	**4**	**4**	**3**	**5**	**5**	**6**	**4**	**4**	**4**	**4**	**4**
	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.	935	934	954	999	1028	1068	1116	1086	1067	1117	2578	2578	2578
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	743	744	758	760	758	755	795	807	817	822	830	837	844

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	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%	100%	100%	100%	100%	100%	100%	100%	100%	**67%**	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	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	243	240	245	249	249	254	257	262	267	271	275	275	276
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	355	357	362	360	361	366	371	373	375	376	377	384	384
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	3 (cum 6)	2 (cum 8)	1 (cum 9)	1 (cum 10)	1 (cum 11)	1 (cum 12)	0 (cum 12)	0 (cum 12)	0 (cum 12)	2 (cum 14)	0 (cum 14)	1	0 (cum 1)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	100%	95.8%	97.2%	100%	95.1%	100%	98.0%	**89.6%**	97.6%	100%	100%	n/a

		Quarter 4 (17/18)	Quarter 1 (18/19)	Quarter 2 (18/19)	Quarter 3 (18/19)	Quarter 4 (18/19)
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)	4th Quarter 90 (cum 346)	88 (Cum 88)	93 (cum 181)	117 (cum 298)	122 (cum 420)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	**4th Quarter 45 (cum 249)**	41	36 (cum 77)	39 (cum 116)	**64 (cum 180)**
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	**4th Quarter 29 (cum 103)**	51	45 (cum 96)	41 (cum 137)	18 (cum 155)
	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)	4th Quarter 22571.9 (cum 62210.6)	LD: 23, 167.5 hrs P&S: 21, 362 hrs	LD: 24077.6 Hours (cum 47245.1) P&S: 19191 Hours (cum 40553)	LD: 24399.1 Hours (cum 71644.2 Hrs) P&S: 18360 hours (cum 58893 Hrs)	LD: 29730.6 Hours (cum 101374.8 Hrs) PD: 21557 Hours (cum 80 450 Hrs)
	Achieve minimum 88% internal environment cleanliness target.	93%	Figures unavailable Due to auditing changes.	93%	No MDA Scores to report this quarter	90%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – 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 December</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>No discharge taking longer than 28 days.</td><td>The Trust currently has 4 people awaiting discharge, 4 of whom have been waiting for more than 28 days.

n = number awaiting discharge
(n) = breaches</td><td>4
(4)</td><td>4
(4)</td><td>4
(4)</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>3</td><td>3</td><td>3</td></tr><tr><td>>365</td><td>1</td><td>1</td><td>1</td></tr><tr><td>Total</td><td>4</td><td>4</td><td>4</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 (two people are receiving active treatment)</td><td>3 people remain to be resettled (two people are receiving active treatment)</td><td>3 people remain to be resettled (two people are receiving active treatment)</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>509</td><td>845</td><td>845</td><td></td></tr>
<tr><td>Learning Disability</td><td>764</td><td>1733</td><td>1733</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	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)	100% (0)	100% (0)	100% (0)
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal	100% (0)	99% (5)	99.3% (2)	100% (0)	99% (2)	99.3% (2)	100% (0)	100% (0)	99% (4)	99.3% (2)	97.5% (8)	96.8% (10)	99.4% (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%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	n/a	n/a	n/a	**66%**

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	2	2	2	1	4	2	4	5	0	4	2	1	1
	What % were responded to within the 20 day target? (target 65%)	100%	**50%**	**50%**	100%	100%	100%	100%	100%	n/a	67%	**50%**	100%	**0%**
	How many were outside the 20 day target?	0	1	1	0	0	0	0	0	0	1	1	0	1
Freedom of Information Requests	How many FOI requests were received this month?	0	0	0	0	1	0	0	0	1	0	0	1	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	n/a	100%	n/a	n/a	n/a	100%	n/a	n/a	100%	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>100%
325
(0)</td><td>100%
335
(0)</td><td>100%
336
(0)</td><td></td></tr>
<tr><td>All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.</td><td>% = performance
n = total committals
(n) = breaches

<table><tr><th></th><th></th><th>Mar</th><th>Apr</th><th>May</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>263</td><td>269</td><td>267</td></tr><tr><td>Breaches</td><td>8</td><td>8</td><td>1</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>51</td><td>46</td><td>56</td></tr><tr><td>Breaches</td><td>0</td><td>2</td><td>1</td></tr></table></td><td>97.5%
314
(8)</td><td>96.8%
315
(10)</td><td>99.4%
323
(2)</td><td></td></tr>
<tr><td>Inter-Prison Transfers</td><td>On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.</td><td>% = performance
n = total transfers
(n) = breaches</td><td>100%
40
(0)</td><td>100%
46
(0)</td><td>100%
50
(0)</td><td></td></tr>
<tr><td>Emergency Care</td><td>In an emergency, prisoners will be seen by Prison Healthcare staff within an hour.
Emergencies are defined as “Code Blue” or “Code Red” calls for assistance.</td><td>% = performance
n = total emergencies
(n) = breaches</td><td>100%
41
(0)</td><td>100%
49
(0)</td><td>100%
53
(0)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	% = Compliance (n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team. [n] = number of prisoners waiting >9wks for appointment			**66%** **33** **(11)**	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY
Psychological Therapies waits	All < 13 weeks	66.7%	70.3%	63.2%	62.1%	58.3%	55.7%	60.5%	58.4%	57.0%	54.0%	51.6%	51.0%	50.0%

Adult Services Directorate – Clinical Psychology Services – KPIs

	MAY 18	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR		APR	MAY
Direct Contacts (cum)	2618 (5077)	2448 (7525)	2160 (9685)	2191 (11876)	2338 (14214)	3073 (17287)	2986 (20273)	1948 (22221)	2560 (24781)	2833 (27614)	2510 (30124)		2201	2524 (4725)
Consultations (cum)	139 (293)	149 (442)	122 (564)	123 (687)	110 (797)	108 (905)	87 (992)	91 (1083)	104 (1187)	100 (1287)	84 (1371)		107	117 (224)
Supervision - Hours (cum)	139 (303)	121 (424)	160 (584)	138 (722)	163 (885)	203 (1088)	194 (1282)	193 (1475)	142 (1617)	203 (1820)	196 (2016)		175	186 (361)
Staff training - Hours (cum)	97 (220)	85 (305)	89 (394)	61 (455)	138 (593)	144 (737)	208 (945)	120 (1065)	95 (1160)	145 (1305)	166 (1471)		151	135 (286)
Staff training - Participants (cum)	123 (314)	354 (668)	321 (989)	218 (1207)	349 (1556)	41536 (1972)	451 (2423)	294 (2717)	140 (2857)	242 (3099)	455 (3554)		273	333 (606)

Adult Services Directorate – Psychology Services - Corporate Issues

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

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	**51.6%** **(853)** **[413]**	**51.0%** **(916)** **[449]**	**50.0%** **(1025)** **[512]**	
		Breaches	**MAR**	**APR**	**MAY**	**Longest Wait (days)**
		Adult Mental Health	**331**	**350**	**401**	346
		Older People	**19**	**23**	**22**	275
		Adult Learn Dis	**21**	**31**	**32**	211
		Children's Learn Dis	**15**	**14**	**14**	256
		Adult Health Psych	**27**	**31**	**43**	381
		Children's Psych	0	0	0	73
		Total	**413**	**449**	**512**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	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% (4)	100% (0)	100% (2)	100% (3)	100% (3)	100% (3)	100% (3)	100% (6)	100% (4)	100% (7)	100% (1)	100% (3)	100% (4)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	n/a
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	**76.2% (10)**	100% (0)	100% (0)	**94.4% (2)**
	All Child protection case conference <15 days from receipt (n) = breaches	**72.7% (5)**	**82.8% (5)**	**78.9% (4)**	100% (0)	**89.5% (2)**	**85.7% (4)**	100% (0)	**77.3% (5)**	100% (0)	**81.8% (2)**	**82.4% (3)**	92.9% (1)	**70.6% (5)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	**94.7% (1)**	100% (0)	100% (0)	**90.5% (2)**	**88% (3)**	100% (0)	100% (0)	100% (0)	**84% (4)**
	All Family Support referrals for assessment to be allocated <30 days from receipt	**82.7% (36)**	**51.3% (133)**	**60.9% (86)**	**75.8% (62)**	**94.5% (9)**	**90.6% (19)**	**83.1% (29)**	**89.8% (13)**	**87.7% (19)**	**81% (21)**	**81.8% (31)**	**82.5% (31)**	**93% (13)**
	All Family support initial assessment completed <10 days of allocation	95%	**15.2%**	**39.4%**	**29.6%**	**50%**	**29.3%**	**24.1%**	**29.2%**	**32.7%**	**28.8%**	**24%**	**22.9%**	**26.5%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**59.1% (18)**	**26% (54)**	**49% (25)**	**59.4% (26)**	**70.9% (16)**	**58.5% (15)**	**53.8% (18)**	**46.2% (21)**	**56.9% (25)**	**54.5% (20)**	**72% (7)**	**86.4% (6)**	**74% (13)**
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	39	Quarter 2 67 (cum 106)			Quarter 3 38 (cum 144)			Quarter 4 47 (cum 191)				
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	316	198	159	114	112	137	140	136	112	92	151	142	171
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	256	156	115	91	90	108	109	110	89	75	114	112	143

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR	MAY
Fostering	Number of Mainstream Foster Carers	343	348	347	351	354	351	353	363	358	365	388	385	376
	Number of children with Independent Foster Carers	41	44	45	46	47	48	51	53	59	63	60	62	64
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	94.4%	94.5%	94.8%	96.8%	94.5%	95.6%	94.5%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	**Quarter 1 88.2%**		**Quarter 2 88.4%**			**Quarter 3 88.1%**			Quarter 4 87.8%				
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	59.7%	76.3%	**43.7%**	55.3%	49.7%	**41.5%**	47.3%	**33.3%**	**32.6%**	54.4%	**42.3%**	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	455	318	264	188	190	214	206	223	204	210	256	235	225
	Family Centre Waiting List at month end	23	19	16	8	13	18	20	22	28	29	24	27	n/a
Care Leavers	At least 75% aged 19 in education, training or employment	77%	77%	76%	72%	77%	80%	77%	77%	77%	79%	80%	76%	77%

Ante-natal Contacts

Reason / Month	Accepted and Seen	%Antenatal contact recorded at first visit	Not Recorded	Accepted but not seen	Declined	Not Offered	Offered but No Response	UNK*	Total in caseload	% Antenatal Contact Offered
April 18	282	84.2%	14	3	11	4	16	5	335	98.8%
May 18	197	59.7%	26	3	17	19	44	24	330	94.2%
June 18	258	76.3%	12	6	10	8	33	11	338	97.6%
July 18	156	43.7%	15	12	47	21	69	37	357	94.1%
August 18	199	55.3%	23	3	44	18	48	25	360	95%
Sept 18	178	49.7%	28	11	41	16	56	25	358	95.5%
October 18	156	41.5%	43	12	47	15	71	32	376	96%
November 18	151	47.3%	42	5	26	12	68	15	319	96.2%
December 18	106	33.3%	103	5	28	16	44	16	318	94.9%
January 19	98	32.6%	89	4	23	16	49	22	301	94.6%
February 19	166	54.4%	35	3	37	16	56	16	305	94.7%
March 19	143	42.3%	33	7	28	14	90	23	338	95.8%

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

CHILDREN'S SERVICES

Children's Services - Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 19	FEB	MAR	APR
Complaints	How many complaints were received this month?	5	7	7	6	7	13	10	4	8	2	6	4	11
	What % were responded to within the 20 day target? (target 65%)	**0%**	**29%**	**29%**	**17%**	**14%**	**23%**	**50%**	**25%**	**50%**	**0%**	67%	**0%**	**36%**
	How many were outside the 20 day target?	5	5	5	5	6	10	5	3	4	2	2	0	7
Freedom of Information Requests	How many FOI requests were received this month?	3	2	3	3	5	5	6	3	1	4	1	7	2
	What % were responded to within the 20 day target? (target 100%)	100%	**50%**	100%	**67%**	**40%**	**40%**	**67%**	**67%**	100%	**50%**	**0%**	**29%**	**50%**
	How many were outside the 20 day target?	0	1	0	1	3	3	2	1	0	2	1	5	1

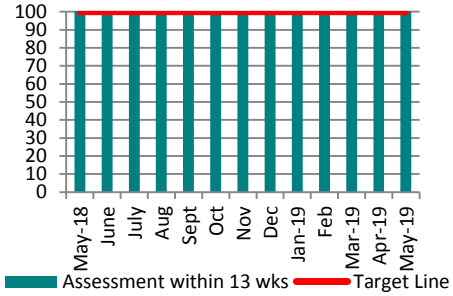
CHILDREN'S SERVICES

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% (4)	
	For every child taken into care, a plan for permanence and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.	There were 24 children taken into care during October 2018. 3 were discharged. Of the remaining 21 all had a plan in place by April 2019 % = % compliance n = number of children requiring a plan (n)= number of children without permanence plan within 6 months.	100% (0)	100% (0)	No figures recieved	

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% (35) [35]	100% (40) [40]	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% (40) [40]	100% (43) [43]	**94.4%** **(36)** **[34]**	
	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]**	92.9% (14) [13]	**70.6%** **(17)** **[12]**	
	All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after.	% = % compliance (n) = number of initial assessments completed. [n] = number completed within 14 working days.	100% (14) [14]	100% (12) [12]	**84%** **(25)** **[21]**	

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	**81.8%** **(170)** **[139]**	**82.5%** **(177)** **[146]**	**93%** **(187)** **[174]**	
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	**24%** **(96)** **[23]**	**22.9%** **(140)** **[32]**	**26.5%** **(155)** **[41]**	
	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.	**72%** **(25)** **[18]**	**86.4%** **(44)** **[38]**	**74%** **(50)** **[37]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st May 2019, 117 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 77 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% <13 wks (0)	100% <13 wks (0)	

CHILDREN'S SERVICES

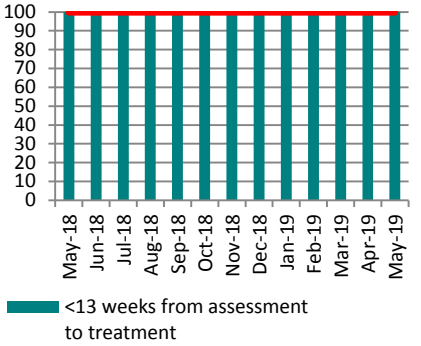
<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>MAR</th><th>APR</th><th>MAY</th><th></th></tr>
<tr><td></td><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>31st May 2019 – 64 total waiters:-

<table><tr><td>0 – 4 wks</td><td>64</td></tr><tr><td>>4 – 8 wks</td><td>0</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>64</td></tr></table>
Longest wait = 17 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 30th April 2019

<table><tr><td>Gateway</td><td>Disability</td><td>FIT</td><td>Total</td></tr><tr><td>21
(49)</td><td>42
(53)</td><td>108
(123)</td><td>171
(225)</td></tr></table></td><td>151

(256)</td><td>142

(235)</td><td>171

(225)</td><td><table><tr><td></td><td>Gateway</td><td>Disability</td><td>FIT</td><td>Total</td></tr><tr><td>< 1 wk</td><td>1</td><td>2</td><td>1</td><td>4</td></tr><tr><td>1-4 wks</td><td>27</td><td>9</td><td>14</td><td>50</td></tr><tr><td>4-8 wks</td><td>8</td><td>6</td><td>33</td><td>47</td></tr><tr><td>> 8 wks</td><td>13</td><td>36</td><td>75</td><td>124</td></tr><tr><td>Total</td><td>49</td><td>53</td><td>123</td><td>225</td></tr></table>
<table><tr><th>Area</th><th>Longest Wait</th></tr><tr><td>Gateway</td><td>219</td></tr><tr><td>Disability</td><td>69</td></tr><tr><td>FIT</td><td>275</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**	81	41 enrolled on elite in Q2. Cum = 122	42 enrolled Cum = 164	226 enrolled in the service in 19/20	
		Target: **60% Quit rate at 4 weeks** n = number quit at 4 wks % = Quit rate	62 76.5% Quit rate	77.9% Quit Rate	85.3%	84.9% quit rate in Q4	
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: **120 setting a quit date** n = number enrolled	18	34 (Cum 52)	49 Cum 101	170 Pregnant women enrolled in 18/19	
		Target: **60% Quit rate at 4 weeks** (n) = number enrolled n = number quit at 4 wks % = Quit rate	15 83% quit rate	79% Quit Rate	63%	78% quit rate in Q4	

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	526	538	536	528	
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	9	49	73	94	

WORKFORCE AND EFFICIENCY

Performance Improvement Trajectories

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2019 demonstrate a 5% reduction on absenteeism from 2017-18. 2018/19 target assumed to be 6.56%.	2017-18 Year End absence was 6.97% (target 6.37%) HR to work collaboratively with the operational Directorates to address absence figures.	5.99%	6.63 (cum)	6.40 (cum)	6.52 (Cum)	Q4: 2017-18 = 6.97 (cum) Q4: 2016-17 = 6.71 (cum) Q4: 2015-16 = 6.84 (cum) Q4: 2014-14 = 6.69 (cum)
Induction	By March 2019, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	183 people attended corporate induction	75%	75%	70%	**68%**	Q4: 2017-18 = 75% Q4: 2016-17 = 67% Q4: 2015-16 = 73% Q4: 2014-14 = 66%
Appraisal	Improve take-up in annual appraisal of performance during 2018/19 by 5% on previous year – i.e. 53% by end March 19.	44% appraisal uptake at Year-end 2017-18 (target 50.5%). Appraisal conversations went live on 1st July 2018 and it is hoped this new approach to appraisals will improve take-up in future.	42%	43%	46%	47%	Q4: 2017-18 = 44% Q4: 2016-17 = 48% Q4: 2015-16 = 42% Q4: 2014-14 = 39%
	By March 2019 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 98% appraisal uptake at Year-end 2017-18 (target 95%).	73%	96%	95%	99%	

Performance Improvement Trajectories

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="4">PROGRESS 2018/19</th><th rowspan="2">TREND</th></tr>
<tr><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td rowspan="2">Equality</td><td>To provide ‘Working Well with Interpreters’ training sessions for staff in LVH, UHD and Downpatrick during 2018-2019. Three sessions in each location.</td><td>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.</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>The Trust held ‘Working Well with Interpreters’ training sessions in all 3 Trust locations in June 2018 and February/March 2019. A total of 87 staff attended.

<table><tr><td>11/06/18</td><td>LVH</td><td>18</td></tr><tr><td>18/06/18</td><td>UHD</td><td>19</td></tr><tr><td>25/06/18</td><td>Downshire</td><td>11</td></tr><tr><td>21/02/19</td><td>UHD</td><td>20</td></tr><tr><td>25/02/19</td><td>LVH</td><td>6</td></tr><tr><td>04/03/19</td><td>Downshire</td><td>13</td></tr></table>
Staff who have requested access to the booking system have received access within 24 hours.</td></tr>
<tr><td>To ensure that all Trust policies and procedures are screened and reported on a quarterly basis through the intranet.</td><td>Policies and Procedures are Equality Screened by author with advice and guidance from Equality Managers. Quarterly Screening Report available on Trust Website</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td><td>Quarterly Screening Report published on Trust website during following month each quarter.</td></tr>
<tr><td>Bank</td><td>By April 19 reduce Agency Usage within all Corporate Bank Users to 15% and increase Bank usage to 85%</td><td></td><td>85%
15%</td><td>85%
15%</td><td>85%
15%</td><td>87%
13%</td><td></td></tr>
</table>

Performance Improvement Trajectories

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
	By March 19 to increase the Users of the Corporate Bank Service by 25%	At Year-end 2017-18: 25% increase new users.	0.40%	5.28% Cumulative 5.68%	2.32% Cumulative 8%	2% Cumulative 10%	Starting Point 245 units using Corporate Bank. End Q1 246 users End Q2 259 users End Q3 265 users End Q4 270 users Pause on incorporating new areas whilst re-engaging with social care and incorporating agency usage into Corporate Bank model
HRPTS	By end December 2018 all medical staffing recruitment to be processed through the eRecruitment system.	There has been limited progress on evolving the use of HRPTS in Medicine & Surgery. It has not been possible to meet targets; future progress is awaiting financial approval for Admin staffing roles. Difficulties have been encountered with the use of erec system within Psychiatry, staffing issues.	30%	30%	30%	30%	
Staff Well-Being	To increase the number of staff engaging in health & wellbeing activities	25 initiatives / programmes delivered in Q1 26 initiatives / programmes delivered in Q2 All initiatives promoted on livewell site	1,118	1,238	1,776	1,716 (not unique numbers)	20 initiatives in Q3

Performance Improvement Trajectories

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
	To deliver & promote Staff Health Checks	This service is delivered by NI Chest Heart & stroke	105	72	61 staff attended	72 staff attended Cum figure 18/19 310	3 sessions in Q4
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31st March 2019	Trust is forecasting a year end breakeven position, The Trust Delivery Plan (TDP) details measures on how the Trust will address an identified deficit of £3.6m, due to emerging pressures in 2018-19. The plan is reliant on the Trust identifying £0.75m in savings over the second half of the financial year. The Trust has made progress in addressing some of the shortfall. However a deficit of £0.55m remains. The Trust will continue to identify further savings/cost control measures of this value by year-end					

PERFORMANCE IMPROVEMENT TRAJECTORIES

Performance Improvement Trajectories

Hospital Services

Performance Area	Performance 2018/19	Projected Performance 2019/20	Predicted Position May	Actual Position May 19
Cancer 14 days (%)	98	99	100	100%
Cancer 31 days (%)	94	84	90	95%
Cancer 62 days (%)	52	29	42	41%
Fracture Neck of Femur (%)	77	71	66	**60%**
IPDC Core Elective (%)	5.7%	-0.6%	-3.7%	10%
Endoscopy Core Elective (%)	-3.3%	-3%	-11%	-9.7%
NOP Core (%)	-6.4%	-5.7%	-7.6%	6.5%

Performance Improvement Trajectories

Diagnostics- Projected Breaches of 9 weeks			Predicted Position May	Actual Position May 19
Radiology	2,485	7,328	2,767	2,981

Performance Area	Performance 2018/19	Projected Performance 2019/20	Predicted Position May	Actual Position May 19
Psychological Therapies	379	218	411	**512**
Adult Mental Health	56	0	45	17