South Eastern Health and Social Care Trust

Paper No. SET/61/21

Integrated Performance Management & Accountability Framework
Corporate Scorecard
August 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

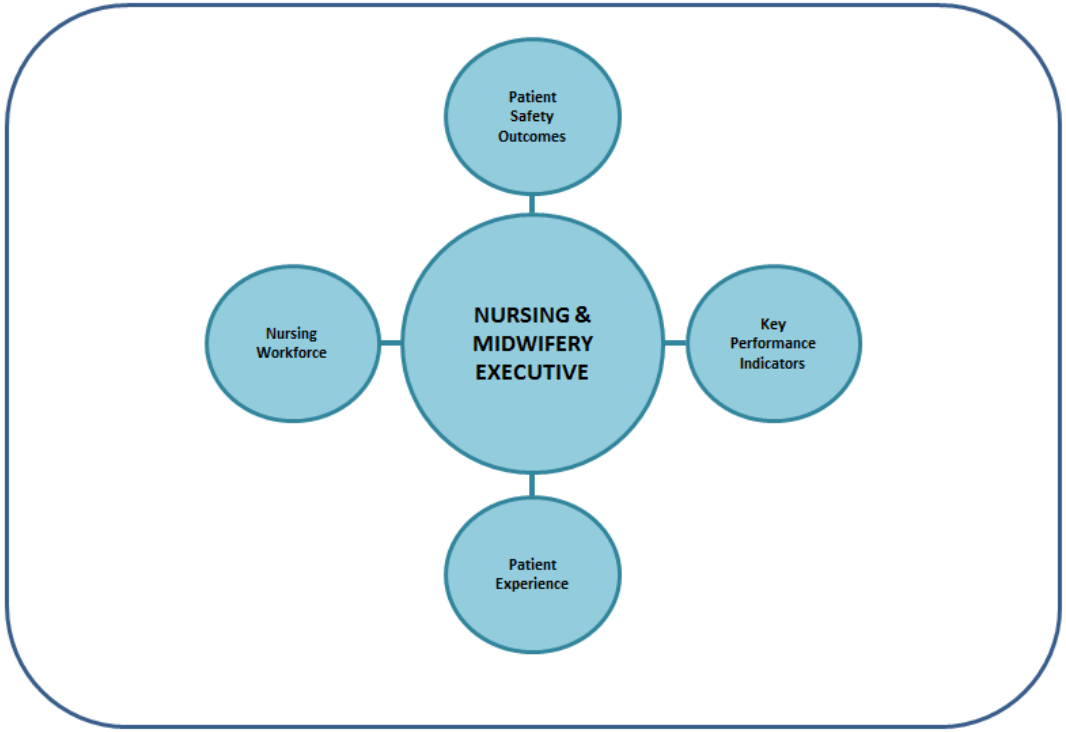
Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

South Eastern Health and Social Care Trust



Safe & Effective Care Scorecard September 2021/22

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.09.2021

SAFE & EFFECTIVE CARE SCORECARD

Introduction

We all know that measurement is integral to improvement 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.

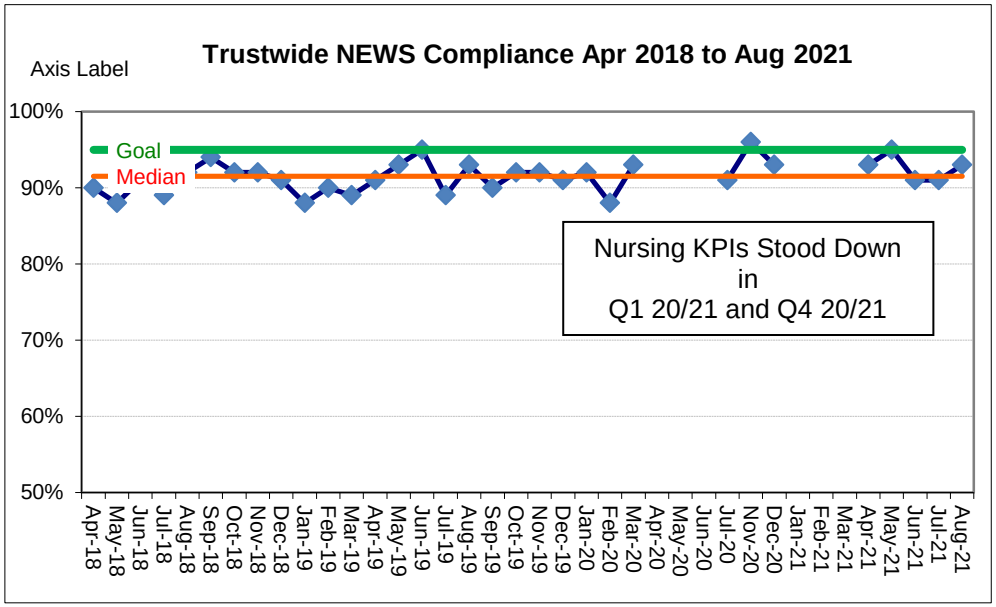
The scorecard details compliance of the regional commissioning KPIs as directed by the Public Health Agency each year. The results are displayed within run charts indicating a compliance score, the KPI target compliance and the average performance of the Trust.

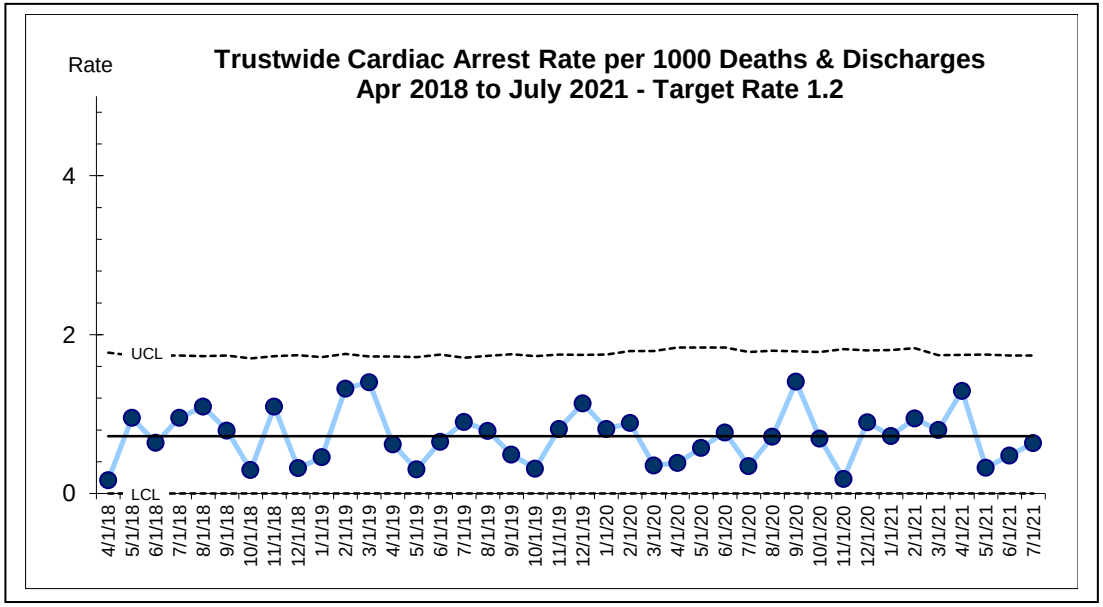
Note: As the impact of COVID-19 continued the decision was taken by the Chief Nursing Officer, Charlotte McArdle, in a letter to the five Trusts on 7th January 2021 to suspend the reporting of the KPIs to focus on the priority of providing safe patient care and supporting staff to achieve this. The PHA continued to monitor outcome measures. SEHSCT reinstated nursing KPIs in April 2021. Reporting of nursing KPIs to PHA was reinstated in July 2021.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.09.2021

TRUSTWIDE NEWS COMPLIANCE

The NEWS 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.





OVERALL NEWS ACTION POINTS/UPDATE

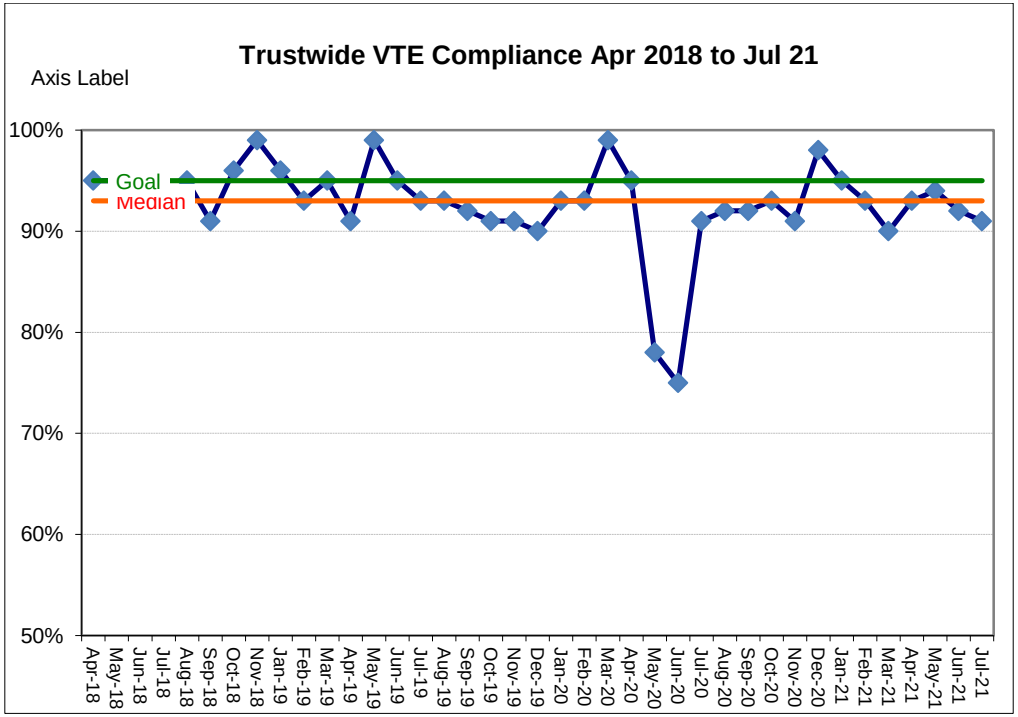
NEWS2

- In line with the Region we are using NEWS2. Within our Trust with the majority of wards are using the electronic version of NEWS2 on eDAMS, facilitation is in place to enable the remaining areas to transition to eDAMS for recording NEWS2.
- NEWS2/Neuro-obs charts remain in paper form and ordering details have been circulated.
- The wards have been supplied with extra IT equipment to allow for electronic reporting and the connectivity has been boosted in the areas of the trust where they had poorer connections.

TRUSTWIDE VTE COMPLIANCE

Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2021/22.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.09.2021



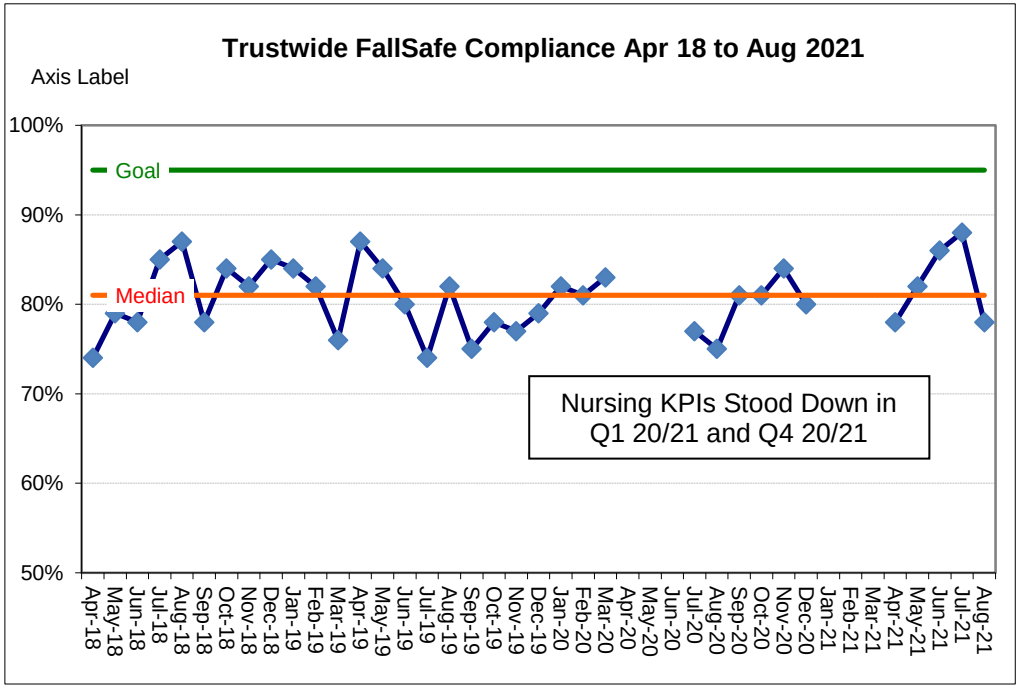
OVERALL VTE ACTION POINTS/UPDATE

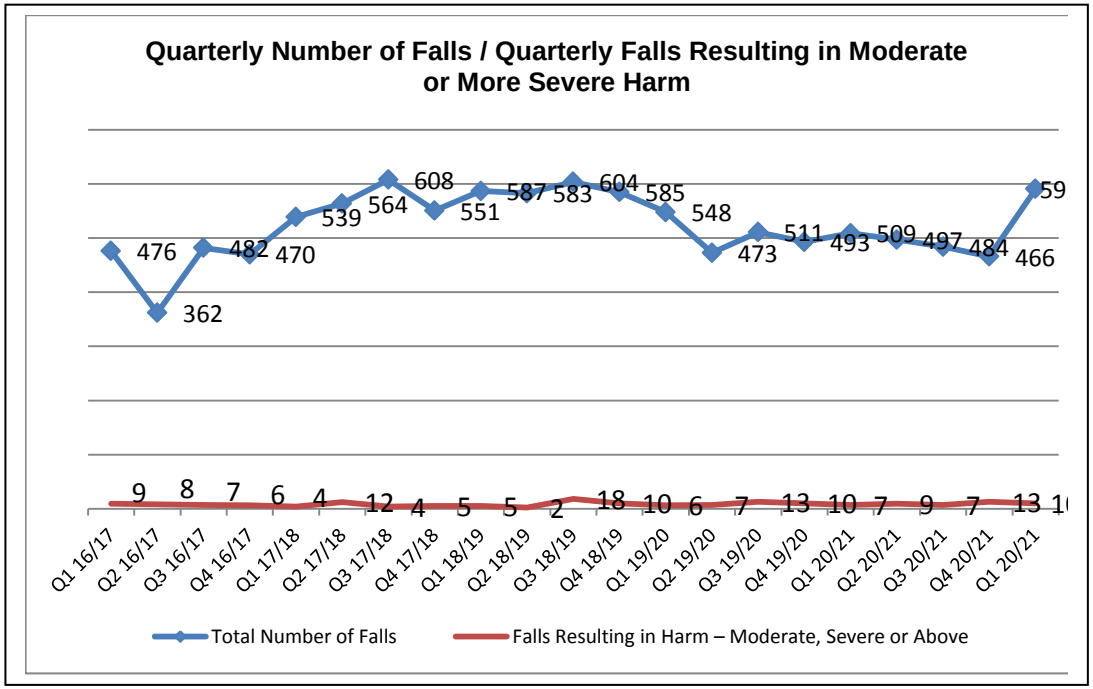
At the SQE Leadership Committee held on 9th August 2021 it was agreed that the VTE audit would be carried out quarterly going forward. This decision will be discussed with the PHA.

TRUSTWIDE FALLSAFE COMPLIANCE

Falls prevention requires a wide range of interventions and the FallSafe bundles aim to assist acute adult hospital wards to carefully assess patients' risk of falling. The bundles, as part of a quality improvement project introduce simple but effective, evidence-based measures to reduce falls incidents

by 20-30%. All patients are assessed for falls risk using Bundle 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.





OVERALL FALLSAFE ACTION POINTS/UPDATE

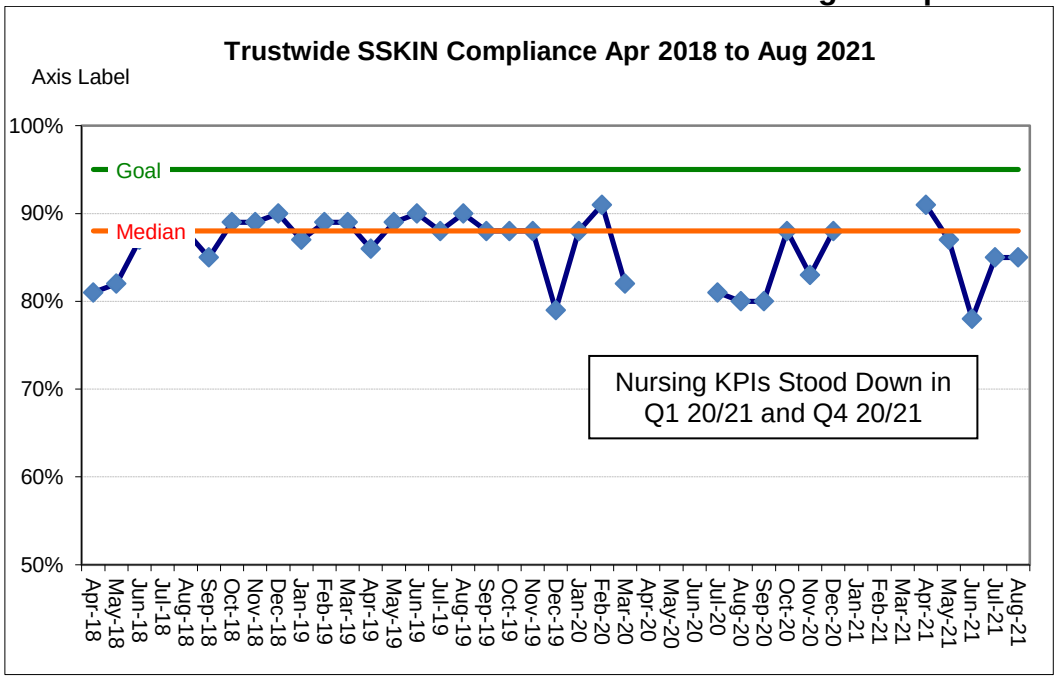
The SET Falls Co-ordinator is now in post and working alongside the Acute Falls Lead since February 2021 to educate staff in Falls Prevention and Management. The Acute Falls Lead is working closely with the Safe and Effective Care team in relation to the auditing of the FallSafe bundle, confirmation of falls data and creating processes by which learning from falls that have resulted in moderate or more severe patient harm can be shared through our Trust. The work has taken place through the SQE project, led by the Falls Co-ordinator.

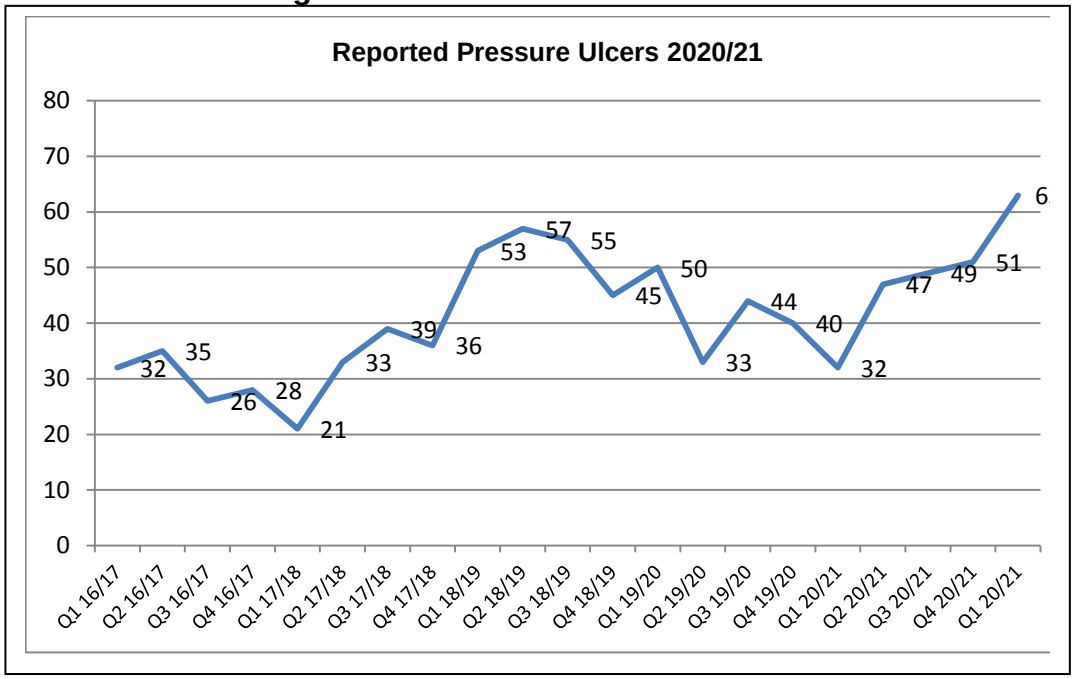
The Falls Policy is being passed to the scrutiny panel in Sept 21 and it incorporates falls prevention measures and processes to ensure safe management of those who fall in hospital settings. The New Falls and Osteoporosis Strategy for years 2021-2024 also incorporates the priorities of ensuring robust processes are in place and best practice is followed in all care settings. The strategy will be passed through Steering Group in quarter 2 of 2021-2022.

TRUSTWIDE SSKIN COMPLIANCE

From April 2016 the Trust has measured 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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.09.2021





OVERALL SSKIN ACTION POINTS/UPDATE:

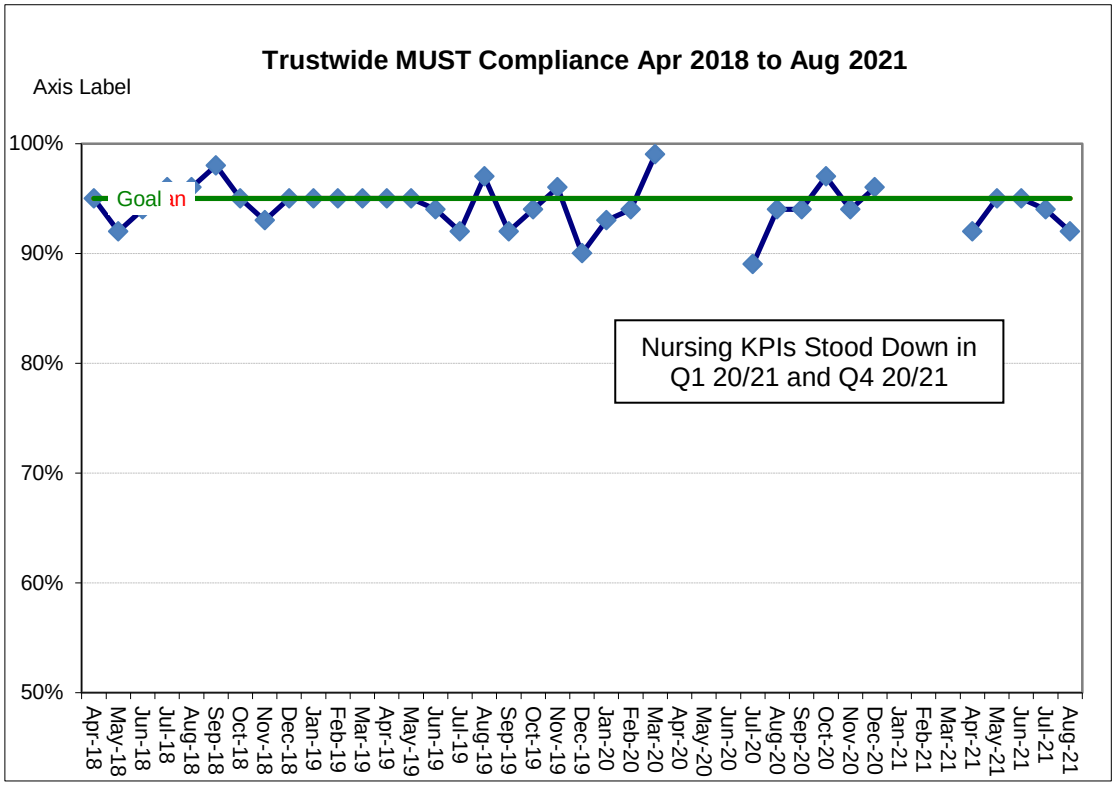
We have seen a rise in Pressure ulcers incidence in recent months. This can be attributed to patient acuity in conjunction with pressures experienced within our Ed department. There has been an increase in the number of pressure ulcers reported within ED. Steps are being taken to help improve pressure ulcer prevention and management with the department.

Mandatory training is currently facilitated with ELearning package available on the HSC website. In addition shorted educational sessions are now available which focus upon local policy and share lessons learned.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.09.2021

TRUSTWIDE MUST COMPLIANCE

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.



OVERALL MUST ACTION POINTS/UPDATE:

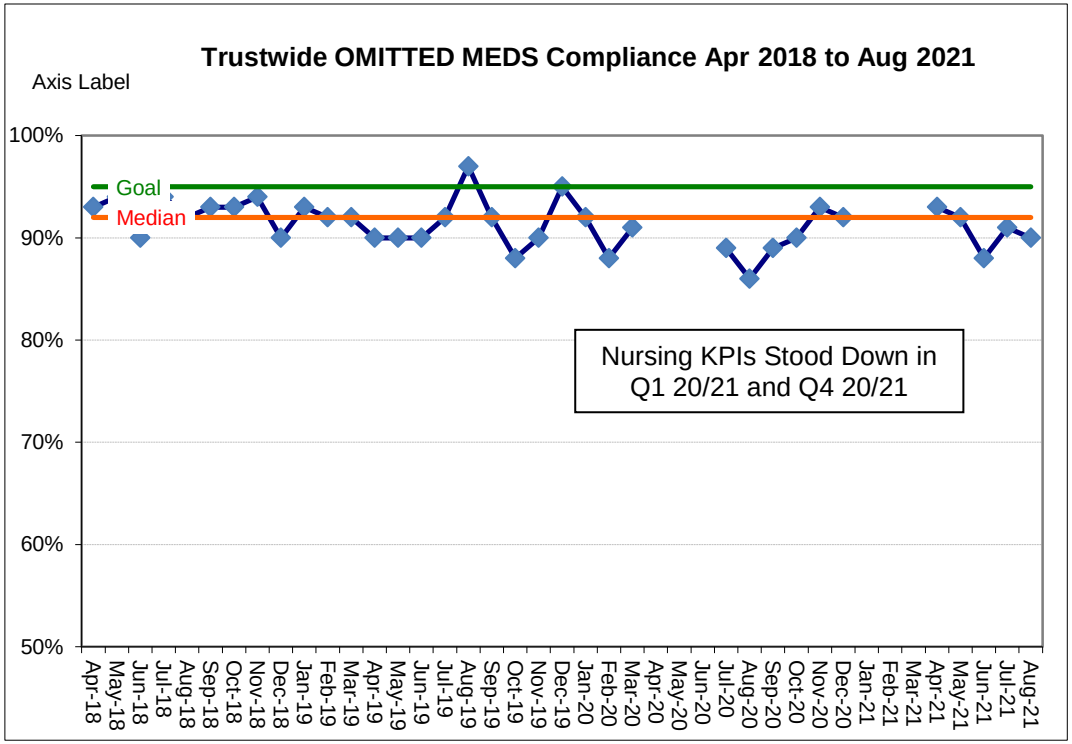
Compliance with MUST screening continues to be monitored across all adult acute inpatient areas, acute mental health and dementia units. 'Next Step's audit completed to see if nutritional care is being carried out in line with risk status.

'Next Steps' audit completed June 21confirms compliance with MUST screening, demonstrating that 94% of patients had MUST completed on admission.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.09.2021

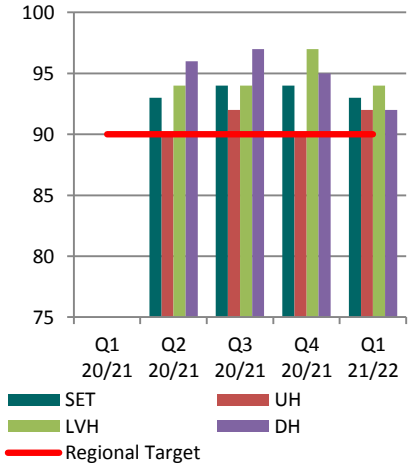
TRUSTWIDE OMITTED MEDICATION COMPLIANCE

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.



OVERALL OMITTED MEDS ACTION POINTS/UPDATE:

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.

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	
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.	NO MDA Audits Q1 Due To COVI D-19	SET 93%	SET 94%	SET 94%	SET 93%	
				UH 90%	UH 92%	UH 90%	UH 92%	
				LVH 94%	LVH 94%	LVH 97%	LVH 94%	
				DH 96%	DH 97%	DH 95%	DH 92%	

<table>
<tr><th>TITLE</th><th>Target</th><th>NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th></th><th></th><th></th><th>JUN</th><th>JUL</th><th>AUG</th><th></th></tr>
<tr>
<td rowspan="3">HCAI</td>
<td rowspan="3">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.</td>
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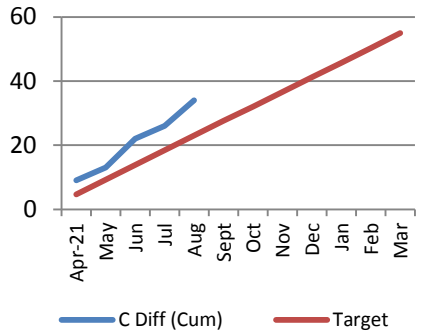
<table>
<tr><th></th><th>2020/2021 Target</th><th>2021/2022 Target</th></tr>
<tr><td>C Diff</td><td>Target<55</td><td>Target not yet set</td></tr>
<tr><td>MRSA</td><td>Target<5</td><td>Target not yet set</td></tr>
<tr><td>GNB</td><td>Target <39</td><td>Target not yet set</td></tr>
</table>
2020/21:
C 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 12 within 72 hours and 23 greater than 72 hours
MRSA 2 greater than 48 hours
</td>
<td>C Diff
10
(cum 23)</td>
<td>C Diff
4
(cum 27)</td>
<td>C Diff
8
(cum 34)</td>
<td> 
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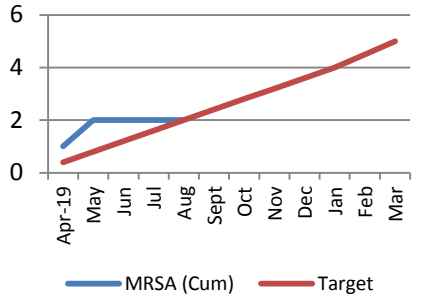
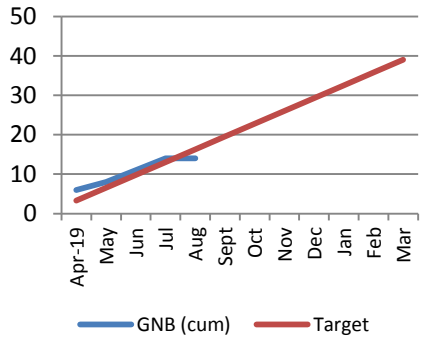
<td>MRSA
0
(cum 2)</td>
<td>MRSA
0
(cum 2)</td>
<td>MRSA
0
(cum 2)</td>
<td> 
</td>
</tr>
<tr>
<td>GNB
3
(cum 11)</td>
<td>GNB
3
(cum 14)</td>
<td>GNB
0
(cum 14)</td>
<td> 
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SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR		APR	MAY	JUN	JUL	AUG
Outpatient waits	Min 50% <9 wks for first appt		11.4%	12.0%	12.2%	12.4%	11.5%	11.5%	11.9%	13.5%		14%	15%	15%	15%	14%
	All <52 wks		43.5%	41.7%	40.0%	38.4%	37.3%	36%	34.8%	34.7%		36.6%	37.8%	38.8%	39.2%	39.4%
Diagnostic waits	Imaging 75% <9 wks		35.9%	39.4%	44.6%	48.7%	51.3%	52.6%	57.1%	70.4%		71.2%	74.5%	81.2%	79.9%	77.3%
	Physiological Measurement <9 wks		23.2%	29.4%	36.1%	37.6%	36.7%	41.4%	49.1%	52.2%		54.7%	54.9%	54.9%	51.1%	43.9%
	Diag Endoscopies	< 9 wks	50%	53%	47%	48%	45.7%	40.8%	36.5%	36.0%		34.7%	33%	31%	30%	29%
		< 13 wks	41%	36%	39%	36%	39%	41%	39%	37%		34%	37%	44%	46%	49%
Inpatient & Daycase Waits	Min 55% <13 wks		23.7%	26.6%	30%	30%	30%	30%	26%	26%		27%	28%	28%	27%	26%
	All <52 wks		69%	67%	66%	64%	64%	62%	57%	56%		57%	58%	57%	57%	57%
Diagnostic Reporting	Urgent tests reported <2 days		84.2%	84.9%	87.5%	85.8%	83.4%	80.5%	81.9%	68.5%		73.1%	83.5%	82.1%	73.6%	75.5%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	67.7%	70.5%	69.2%	71.9%	71.5%	69.3%	69.3%	69%		71%	70.8%	69.6%	66.5%	64.4%
		12hr breaches	948	943	885	930	769	545	366	748		730	1020	1172	1086	1323
	UHD	4hr performance	59.6%	61.4%	60%	61.3%	61.5%	59.9%	59.6%	58.5%		60.7%	60.2%	57.9%	52.0%	48.6%
		12hr breaches	947	941	882	930	766	545	365	747		730	1019	1166	1081	1322
	LVH	4hr performance	76.4%	75.6%	76.8%	81.3%	80.8%	76.8%	77.7%	77.4%		79.8%	81.5%	79.1%	81.1%	79.3%
		12hr breaches	1	2	3	0	3	0	1	1		0	1	4	5	1
	DH	4hr performance	99.4%	99.8%	99.6%	98.6%	99.4%	99.5%	100%	100%		100%	99.7%	99.7%	99.7%	99.2%
		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		90.8%	93.5%	94.8%	97.8%	95.6%	97.4%	94.2%	91.9%		89.8%	88.6%	85.0%	80.6%	80.8%
Non Complex discharges	ALL <6hrs		81.6%	79.9%	81.8%	92.1%	82.1%	83.0%	82.6%	83.1%		82.1%	83.0%	81.2%	81.3%	80%
Hip Fractures	>95% treated within 48 Hours		56%	89%	91%	95%	78%	97%	88%	77%		71%	100%	88%		
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		18.8%	22.2%	31.3%	10%	11.3%	18%	13%	19.4%		16.7%	13.3%	11.6%	4.3%	18.1%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		53%	63%	61%	49%	57%	45%	63%	58%		62%	63%	56%	46%	40%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)		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}	58.1% (113) {29}	55.2% (105) {21}	38.6% (101) {32}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		93% (8)	98% (2)	97% (3)	95% (7)	96% (4)	95% (9)	92% (11)	93% (8)		97% (4)	97% (3)	96% (5)	97% (2)	96% (3)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		25%		100%			Qtrly in arrears								
	Psoriasis (n) - Breaches															

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		98.4%	98.9%	99.6%	98.7%	99.2%	96.9%	97.9%	90.5%	76.6%	88.3%	96.3%	86.7%	87.5%
	% routine tests reported <28 days (Target formerly 100%)		99.7%	99.7%	100%	99.7%	99.9%	99.8%	99.2%	99.4%	93.1%	94.8%	99.8%	99.4%	98.0%
% Operations cancelled for non-clinical reasons		SET	1.2%	0.9%	**2.9%**	1.5%	2.0%	**3.2%**	1.5%	**2.2%**	0.8%	0.5%	1.1%	1.9%	**2.1%**
		UHD	1.4%	0.6%	**2.9%**	1.6%	1.0%	**2.3%**	1.2%	1.2%	0.5%	0.7%	0.8%	1.7%	**2.7%**
		LVH	1.2%	1.0%	**3.7%**	1.6%	**2.3%**	**5.6%**	2.0%	**4.8%**	1.8%	0.7%	0.5%	**2.7%**	1.9%
		DH	0.7%	1.9%	1.6%	0.8%	**4.1%**	**2.8%**	1.8%	1.8%	0.2%	0%	0.9%	1.6%	0.4%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		Cum 87%	Cum 87%	Cum 86%	Cum 85%	Cum 85%	Cum 86%	Cum 85%	Cum 85%	Cum 82%	Cum 84%			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 74.4%	Cum 77%	Cum 78%	Cum 80%	Cum 82%	Cum 81%	Cum 85%	Cum 86%	Cum 94%	Cum 92%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		10882	10930	10068	9049	9321	8449	9530	11007	12151	13147	13716	12901	12575
	Ulster Hospital		8295	8140	7410	6468	6823	6322	6843	8042	8829	9582	9801	9133	8788
	Lagan Valley Hospital		1956	2143	1825	1624	1529	1313	1377	1835	2064	2173	2355	2229	2198
	Downe Hospital (inc w/end minor injuries)		631	947	833	957	969	814	849	1130	1258	1392	1560	1539	1589
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		8.2%	8.9%	8.7%	9.4%	9.0%	8.5%	8.2%	7.9%	8.2%	8.4%	8.9%	9.4%	9.4%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		32.4%	**4.4%**	**2.6%**	**-1.5%**	**4.0%**	**-186%**	**-10.1%**	17.9%	23.2%	26.0%	**9.1%**	**0.6%**	**5.0%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		3469	4718	5583	5081	4455	3925	4682	5869	5830	5415	6673	5348	5492
Other Operative Fractures	>95% within 48hrs		**76%**	96%	**60%**	**75%**	**72%**	**73%**	**68%**	**67%**	**63%**	**85%**	**66%**		
	100% within 7 days		99%	100%	96.8%	**93.8%**	100%	100%	**78.3%**	100%	96%	100%	97.6%		
Stroke	No of patients admitted with stroke		32	27	32	30	44	39	31	36	36	45	43	46	44
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**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)**	**17.8% (424)**	**17.5% (438)**	**17.6% (455)**
		Ophth	**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)**	**2.6% (229)**	100% (0)	100% (0)

HOSPITAL SERVICES

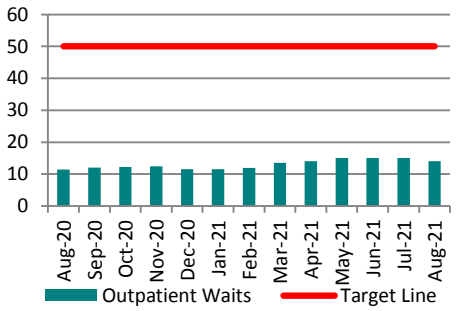
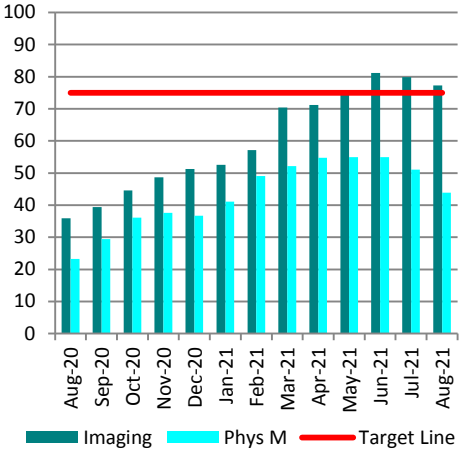
Directorate KPIs and SQE Indicators

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.3	6.7	6.2	7.1	7.3	7.1	6.3	5.8	5.4	6.0	6.9	6.4	6.8
	Ave LOS trimmed	5.0	5.1	5.0	5.5	5.3	5.5	4.9	4.7	4.3	4.5	5.2	5.1	5.5
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	7.5	9.7	8.7	8.6	9.9	10.3	7.8	8.3	8.9	7.8	9.4	8.1	7.9
	Ave LOS trimmed	5.6	6.6	6.3	6.6	6.6	6.5	5.9	5.9	6.1	6.0	6.6	5.8	5.3
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**63.6%**	**57%**	**54.9%**	**53.7%**	**53.3%**	**61.2%**	**62.4%**	**60.2%**	**58.8%**	**53.1%**	**40.9%**	**41.3%**	**34.8%**
	% NEW attendances who left without being seen (Target < 5%)	2.6%	2.2%	2.0%	1.4%	2%	1.5%	1.4%	2.3%	2.4%	2.9%	3.7%	5.3%	5.2%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.9%	2.5%	2.9%	2.9%	2.9%	3.0%	4.3%	4.1%	4.2%	4.4%	4.8%	3.6%	3.8%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	61.9%	67.6%	69.3%	76.2%	69.3%	76.6%	65.2%	60.7%	59.5%	54.7%	46.9%	41.7%	39.1%

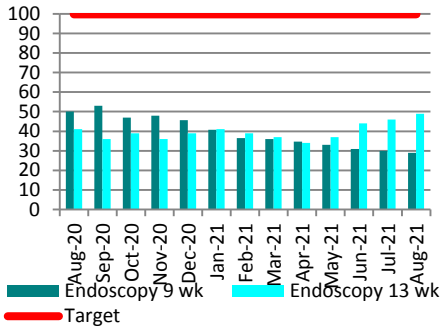
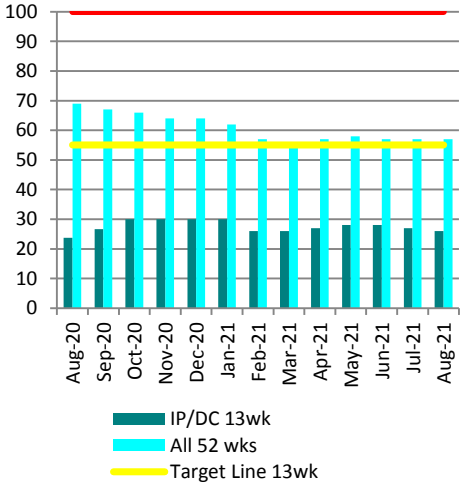
Hospital Services – Corporate Issues

Service Area	Indicator	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL
Complaints	How many complaints were received this month?	26	34	35	23	30	17	11	20	19	27	22	31	30
	What % were responded to within the 20 day target? (target 65%)	**7%**	**29%**	**23%**	**4%**	**35%**	**29%**	**0%**	**5%**	**11%**	**30%**	**36%**	**45%**	**30%**
	How many were outside the 20 day target?	24	24	27	22	13	12	11	19	17	20	15	15	21
Freedom of Information Requests	How many FOI requests were received this month?	11	9	10	10	6	6	9	16	11	8	6	5	10
	What % were responded to within the 20 day target? (target 100%)	**73%**	**44%**	**60%**	**70%**	**50%**	**50%**	**22%**	**44%**	**55%**	**0%**	**17%**	**40%**	**60%**
	How many were outside the 20 day target?	3	5	4	3	3	3	7	9	5	8	5	3	4

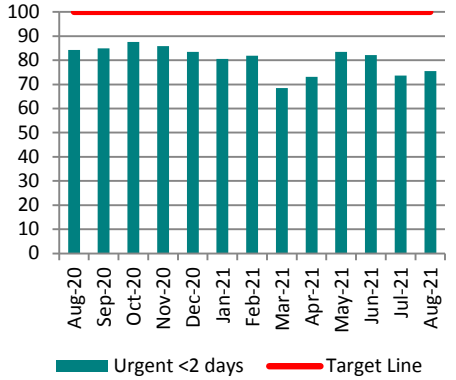
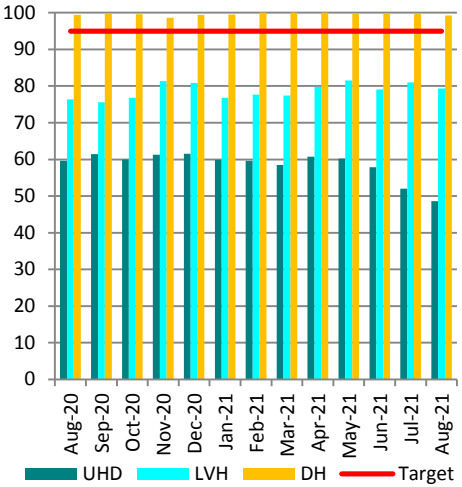
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE JUN	PERFORMANCE JUL	PERFORMANCE AUG	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	**15%** **[74890]** **(63578)** **{45849}**	**15%** **[75254]** **(64132)** **{45721}**	**14%** **[75869]** **(65138)** **{45919}**	
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.*	**81.2%** **[10356]** **(1946)** **{1054}**	**79.9%** **[9571]** **(1919)** **{1030}**	**77.3%** **[8912]** **(2023)** **{1032}**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**54.9%** **(2684)** **{968}**	**51.1%** **(3042)** **{1062}**	**43.9%** **(3562)** **{1027}**	
	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)	**31%** **3265** **(2265)**	**30%** **3211** **(2252)**	**29%** **3432** **(2435)**	

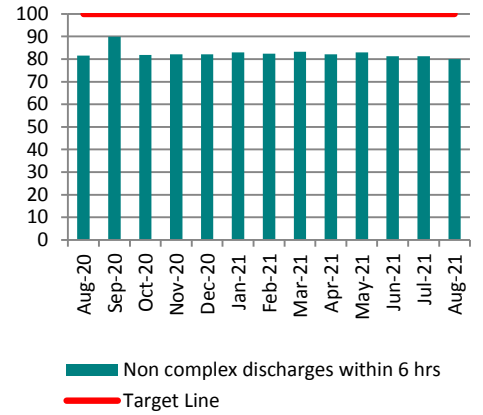
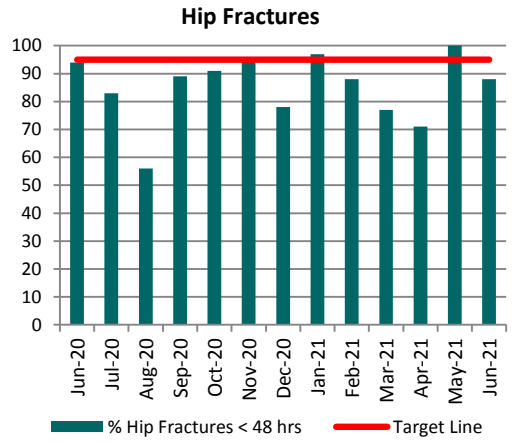
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE JUN	PERFORMANCE JUL	PERFORMANCE AUG	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	**44%** **[960]** **(542)**	**46%** **[869]** **(467)**	**49%** **(816)** **(419)**	
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	**28%** **(9243)**	**27%** **(9156)**	**26%** **(9315)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**57%** **(7779)**	**57%** **(7609)**	**57%** **(7632)**	

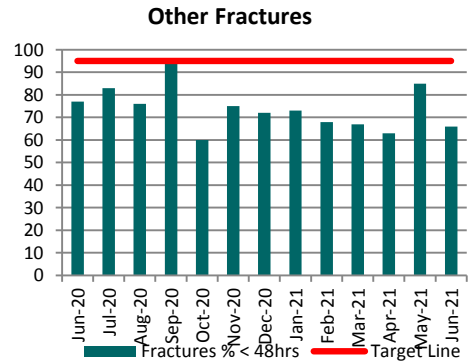
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In July 2021, of 3133 total urgent tests reported, 2307 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**82.1%** **(654)** **[3656]**	**73.6%** **(826)** **[3133]**	**75.5%** **(816)** **[3327]**	
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** **15266** **[10638]** **69.6%** **(1172)**	**SET** **14316** **[9549]** **66.5%** **(1086)**	**SET** **14007** **[9023]** **64.4%** **(1323)**	
			UH **9801** **[5674]** **57.9%** **(1166)**	**UH** **9133** **[4748]** **52.0%** **(1081)**	**UH** **8788** **[4271]** **48.6%** **(1322)**	
			LVH **2355** **[1862]** **79.1%** **(4)**	**LVH** **2229** **[1807]** **81.1%** **(5)**	**LVH** **2198** **[1743]** **79.3%** **(1)**	
			DH 1560 [1554] 99.7% (0)	DH 1538 [1534] 99.7% (0)	DH 1589 (1577) 99.2% (0)	

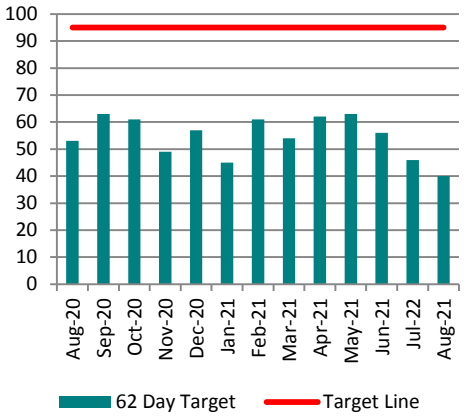
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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	**81.2%** **2319** **(436)**	**81.3%** **2337** **(438)**	**80%** **2223** **(445)**	
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	**88%** **23** **(23)** **[3]**	**Not currently available**	**Not currently available**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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	**66%** **41** **(27)** **[14]** **{1}**	**Not currently available**	**Not currently available**	
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	11.6% 5 (43)	**4.3%** **2** **(46)**	18.1% 8 (44)	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 93 SET CBYL referrals received during August 2021. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (116) [0]	100% (87) [0]	100% (93) [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE JUN	PERFORMANCE JUL	PERFORMANCE AUG	TREND
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 Aug 46 patients were seen. There were 27.5 breaches involving 38 patients, of whom 21 were shared Revisions post patient pathway confirmation and pathology validation:- Jul was 45% 44 seen (24), now 46% 61.5 seen (33.5) Jun was 60% 70.5 seen (28), now 56% 83.5 seen (37)	**56%** **83.5** **(37)**	**46%** **61.5** **(33.5)**	**40%** **46** **(27.5)**	
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	**58.1%** **[279]** **270** **(113)** **{29}**	**55.2%** **[245]** **212** **(105)** **{21}**	**38.6%** **[254]** **189** **(101)** **{32}**	
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	96% 139 (5)	97% 110 (2)	96% 71 (3)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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	**9.1%** **1821** **(217)**	**0.6%** **1992** **(388)**	**5.0%** **1904** **(300)**	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	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Allied Health Professions waits	All < 13 weeks	**61.5%**	**66.0%**	**71.7%**	**73.0%**	**70.0%**	**67.1%**	**66.5%**	**71.4%**	**75.6%**	**77.7%**	**79%**	**77.6%**	**75.9%**
Complex Discharges	Min. 90% <48hrs (SET TOR)	**76.6%**	**74.4%**	**72.7%**	**71.7%**	**65.9%**	**71.5%**	**68.6%**	**73.2%**	**71.7%**	**70.7%**	**64.1%**	**64.8%**	**65.6%**
	Min. 90% <48hrs (SET in SET beds)	**72.4%**	**69.5%**	**68.6%**	**68.0%**	**65.0%**	**69.0%**	**70.0%**	**72%**	**69.7%**	**70.5%**	**63.3%**	**66.8%**	**63.6%**
	Min. 90% <48hrs (All in SET beds)	**65.3%**	**59.0%**	**62.8%**	**64.2%**	**59.5%**	**63.6%**	**64%**	**61.2%**	**61.9%**	**63.6%**	**59.7%**	**56.9%**	**58.0%**
	Number complex discharges	**268**	**324**	**336**	**342**	**343**	**368**	**369**	**366**	**381**	**354**	**395**	**371**	**352**
	ALL <7days	**93.7%**	**89.8%**	**91.1%**	**92.7%**	**87.9%**	**94.3%**	**93.2%**	**91%**	**92.6%**	**93.2%**	**92.2%**	**85.7%**	**86.4%**
	SET and Other TOR	95.4%	**93.6%**	**94.1%**	**94.8%**	**91.1%**	95.5%	95.2%	**93.5%**	**94.9%**	**96.5%**	**92.5%**	**89.4%**	**88.4%**
	Belfast TOR	**88.9%**	**80.7%**	**84.0%**	**84.7%**	**81.1%**	**91.2%**	**87.5%**	**83.3%**	**86.7%**	**85%**	**90.8%**	**73.6%**	**80.8%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 2 592 (cum 1048)		Quarter 3 475 (cum 1523)			Quarter 4 544 (cum 2067)			**Reported Quarterly in Arrears**				
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**87%**	**90%**	92%	92%	**89%**	**89%**	92%	91%	**88%**	**87%**	**83%**	**80%**	**82%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**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)**	**21.7% (1056)**	**21.7% (1108)**	**19.9% (1180)**
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 2 349 (cum 541)		Quarter 3 425 (cum 966)			**Quarter 4 426 (cum 1392)**			Quarter 1 605				
Direct Payments	By March 2018, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	193	196	202	200	209	213	212	215	221	219	218	223	226
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 2 50 986 Hours (cum 95 610 hours)		Quarter 3 45 611 Hours (cum 141 221 Hours)			**Quarter 4 48937 Hours (cum 190158 Hours)**			Quarter 1 66 652 hours				

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Assess and Treat Older People	Main components of care needs met <8 weeks		99%	100%	97.7%	98.9%	100%	99.1%	96%	98.9%	98.7%	100%	100%	100%	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)**	**78.2% (22)**	**75.2% (29)**	**69.5% (29)**
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	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)**	**47.6% (1226)**	**41.8% (1644)**	**36.8% (1937)**
		<52wks	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)	99.9% (3)	99.9% (2)	99.9% (2)

Directorate KPIs & SQE Indicators

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	42%	50%	42%	**38%**	**29%**	**24%**	**34%**	**23%**	40%	**39%**	42%	45%	47%

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	4	4	13	5	4	4	4	5	13	8	13	13	12
	What % were responded to within the 20 day target? (target 65%)	**50%**	100%	**31%**	**40%**	**50%**	**25%**	**25%**	**20%**	**31%**	**50%**	**15%**	**54%**	**58%**
	How many were outside the 20 day target?	2	0	9	3	2	1	3	4	9	4	12	6	5
Freedom of Information Requests	How many FOI requests were received this month?	2	4	1	3	1	1	0	3	4	3	1	3	2
	What % were responded to within the 20 day target? (target 100%)	100%	**50%**	100%	**0%**	**0%**	**0%**	n/a	**0%**	**0%**	**33%**	**0%**	**33%**	**50%**
	How many were outside the 20 day target?	0	2	0	3	1	1	0	3	4	2	1	2	1

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>JUN</th><th>JUL</th><th>AUG</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 August 2021 of 11705 patients on the AHP waiting list, 2819 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>4960</td><td>776</td><td>84.4</td></tr>
<tr><td>OT</td><td>2169</td><td>930</td><td>57.1</td></tr>
<tr><td>Orthoptics</td><td>601</td><td>50</td><td>91.7</td></tr>
<tr><td>Podiatry</td><td>1028</td><td>14</td><td>98.6</td></tr>
<tr><td>Adults S&LT</td><td>1203</td><td>736</td><td>38.8</td></tr>
<tr><td>Childrens S&LT</td><td>548</td><td>157</td><td>71.4</td></tr>
<tr><td>Dietetics</td><td>1196</td><td>156</td><td>87.0</td></tr>
</table>

[n] = total waiting

(n) = breaches</td><td>79.0%

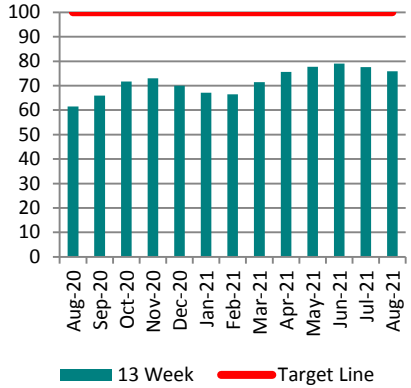
[11004]

(2314)</td><td>77.6%

[12297]

(2749)</td><td>75.9%

[11705]

(2819)</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).

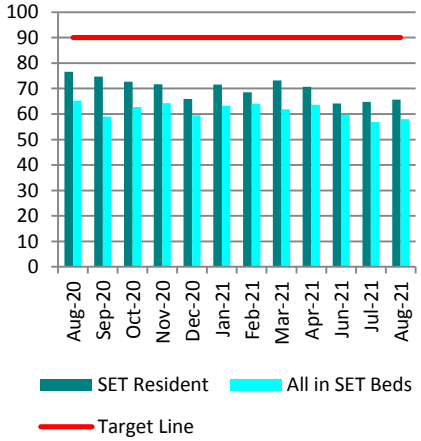
(n) = 48 hr breaches

Revisions post validation:-

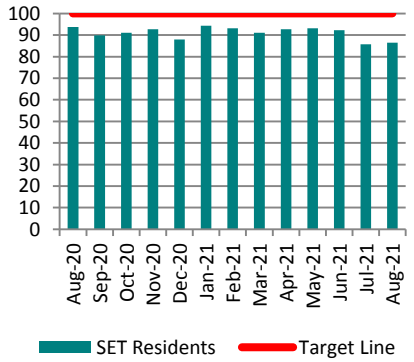
SET Key reasons:-
• Awaiting Assessment/Acceptance to Care Homes
• No Domiciliary Care Package Available</td><td>64.1%

(164)</td><td>64.8%

(144)</td><td>65.6%

(127)</td><td> 
</td></tr>
</table>

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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:- June was 59.7% (395) SET 108 BT 46 NT 2 ST 2 Now 59.7% (395) SET 107 BT 47 NT 2 ST 2 NA 1 July was 56.9% (371) SET 98 BT 60 ST 1 Now 57.0% (370) SET 97 BT 60 ST 1 NA 1	**59.7%** **(395)** **>48 hrs By Trust of Res** **SET 107 BT 47 NT 2 ST 2**	**56.9%** **(371)** **>48 hrs By Trust of Res** **SET 97 BT 60 ST 1 NA 1**	**58.0%** **(352)** **>48 hrs By Trust of Res** **SET 86 BT 56 NT 1 ST 4 NA 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:- June was 63.3% 308 (113) now 63.5% 307 (112) July was 64.8% 284 (100) now 65.0% 283 (99)	**63.3%** **307** **(112)**	**65.8%** **283** **(99)**	**63.6%** **253** **(92)**	
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:- July was 85.7% 371 (53) SET 30 BT 22 Now 85.7% 370 (53) SET 29 BT 23 Blank 1	**92.2%** **395** **(31)** **SET 21 BT 8 NT 1 ST 1**	**85.7%** **370** **(53)** **SET 29 BT 23 Blank 1**	**86.4%** **352** **(48)** **SET 28 BT 19 ST 1**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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:- June was 92.5% 308 (23) now 95.8% 307 (23) July was 89.1% 284 (31) now 89.4% 283 (30)	**92.5%** **307** **(23)**	**89.4%** **283** **(30)**	**88.5%** **253** **(29)**	
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:- June was 90.8% 87 (8) now 90.9% 88 (8) July was 74.7% 87 (22) now 73.6% 87 (23)	**90.9%** **88** **(8)**	**73.6%** **87** **(23)**	**80.8%** **99** **(19)**	

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	
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.**	456 (cum 456)	592 (cum 1048)	475 (cum 1523)	544 (cum 2067)		Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

PRIMARY CARE AND OLDER PEOPLES SERVICES

Service Area	Target	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**87%**	**90%**	92%	92%	**89%**	**89%**	93%	91%	**88%**	**87%**	**83%**	**80%**	**82%**
	Total Number of Urgent Calls	887	874	866	802	973	990	685	789	928	1070	1032	1087	945
	Urgent Calls within 20 minutes	775	783	792	725	864	885	640	716	815	927	860	866	779
	100% of less urgent calls triaged within 1 hour	**79%**	**81%**	**92%**	**88%**	**79%**	**77%**	**92%**	**84%**	**77%**	**74%**	**72%**	**56%**	**66%**
	Total Number of Routine Calls	5623	5065	5233	4867	5318	5719	4419	5023	5747	6219	5049	6216	5773
	Routine calls within 1 hour	4461	4109	4794	4257	4203	4395	4074	4213	4412	4596	3618	3501	3810

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Adult MH Services waits	All < 9 weeks	99.5%	100%	100%	100%	**94.5%**	**92.0%**	97.0%	100%	100%	100%	99.7%	95.7%	90.0%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 2 116 (cum 197)		Quarter 3 99 (cum 296)			Quarter 4 90 (386)			Quarter 1 101				
Discharge and Follow-up	99% < 7days of decision to discharge	**82%**	**85%**	**83.6%**	**85.4%**	**90%**	**88.5%**	**90.1%**	96%	100%	98%	99%	100%	97.1%
	All < 28 days (no. Breaches)	9	8	10	8	5	6	6	3	7	4	4	5	3
	All follow-up < 7 days from discharge	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	94.1%	99%

Adult Services Directorate – Mental Health Services - Directorate KPIs

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

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	AUG
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	10	8	10	4	5	10	15	10	8	10	18	12
	What % were responded to within the 20 day target? (target 65%)	**50%**	**50%**	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**50%**
	How many were outside the 20 day target?	2	5	3	6	2	0	4	11	3	5	8	10	6
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	1	2	2	0	1	3	3	1	2	4	0	1	1
	What % were responded to within the 20 day target? (target 100%)	100%	100%	**50%**	n/a	100%	100%	**66%**	**0%**	**0%**	**25%**	n/a	100%	**0%**
	How many were outside the 20 day target?	0	0	1	0	0	3	1	1	2	3	0	0	1

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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	99.7% 635 [2]	95.7% 673 [29]	90.0% 730 [73]	As a consequence of increased referrals and staff sickness/vacancies, there has been an increase in the number of patients waiting more than 9 weeks for an assessment.
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 69 SET discharges in August 2021	99%	100%	97.1%	There were 2 patients who were assessed as medically and discharge more than 7 days later
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	In August 2021 there remains 3 patients on the Wards that are recorded as delayed discharges	4	5	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 69 SET discharges in August. 55 people were offered an appointment with 50 people having been seen. 5 Patients were forwarded to other Trusts	100%	94.1%	99.0%	5 Patients were referred to other Trusts – 2 - BHSCT. 2– SHSCT. 1 – NHSCT. 5 Patients did not attend. 5 Patients referred to MHSOP. 2 Patients referred to Learning Disability. 1 Patient transferred outside NI. 1 Patient Breach.

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	4	4	4	5	5	5	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	5	5
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	939	956	976	977	991	1001	1006	1014	1024	1027	1033	1048	1056

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
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%	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
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	279	284	286	288	291	294	297	300	304	307	309	313
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	449	458	467	468	471	474	477	479	481	482	486	494	495
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	97.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

		Quarter 1 (20/21)	Quarter 2 (20/21)	Quarter 3 (20/21)	Quarter 4 (20/21)	Quarter 1 (21/22)
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)	19	75 (cum 94)	112 (Cum 206)	96 (cum 302)	62
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	47	65 (cum 112)	70 (cum 182)	48 (230)	32
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	80	60 (cum 140)	50 (cum 190)	44 (134)	44
	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: 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)	LD: 16848 Hours PD: 12156 Hours
	Achieve minimum 88% internal environment cleanliness target.	No audits in Q1	94%	92%	94%	92%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	AUG
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	10	8	10	4	5	10	15	10	8	10	18	12
	What % were responded to within the 20 day target? (target 65%)	**50%**	**50%**	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**50%**
	How many were outside the 20 day target?	2	5	3	6	2	0	4	11	3	5	8	10	6
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	0	0	2	0	1	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	**0%**	n/a	**0%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	2	0	1	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>JUN</th><th>JUL</th><th>AUG</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>Jun</th><th>Jul</th><th>Aug</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%	99.7%	98%	99%								
	All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.	97.3%	100%	99.3%	98%	98.3%								
Mental Health Assessment	All individuals who have entered prison will be seen by a Mental Health Practitioner within 5 working days.	99.6%	100%	100%	100%	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%	100%	98%	100%								
Addiction Services	All individuals who are referred to the Addictions Team should not wait longer than 9 weeks for assessment	**40%**	**53%**	**50%**	**53%**	**30%**								
BBV	All individuals who enter prison offered blood borne virus screening (Hepatitis B & C, HIV) at the Comprehensive Health Assessment. (# Offered)	200	273	279	328	100%								
Tuberculosis	All individuals who enter prison will be Tuberculosis screening at the Comprehensive Health Assessment. (# Offered)	200	273	279	328	100%								
AHP Service	Regional Access Targets for Routine Outpatient Appointments should not exceed 13 weeks for; Musculoskeletal Outpatient Physiotherapy,	100%	100%	100%	96.6%	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%	100%	100%	100%								
	All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.	100%	100%	100%	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	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	AUG
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	10	8	10	4	5	10	15	10	8	10	18	12
	What % were responded to within the 20 day target? (target 65%)	**50%**	**50%**	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**50%**
	How many were outside the 20 day target?	2	5	3	6	2	0	4	11	3	5	8	10	6
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	0	0	0	0	0	0	0	1	0	0	0	0	1
	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	**0%**	n/a	n/a	n/a	n/a	**0%**
	How many were outside the 20 day target?	0	0	0	0	0	0	0	1	0	0	0	0	1

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>JUN</th><th>JUL</th><th>AUG</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>99.7%
286
(1)</td><td>98%
338
(8)</td><td>99%
290
(3)</td><td><u>Maghaberry</u>
1 Delayed – Patient volatile
1 Delayed – Patient at outside hospital
1 Delayed – Patient Covid Positive (Seen by Nurse)</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>Jun</th><th>Jul</th><th>Aug</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>247</td><td>270</td><td>249</td></tr><tr><td>Breaches</td><td>0</td><td>5</td><td>5</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>32</td><td>58</td><td>37</td></tr><tr><td>Breaches</td><td>0</td><td>1</td><td>0</td></tr></table></td><td>99.3%
279
(2)</td><td>98%
328
(6)</td><td>98.3%
286
(5)</td><td><u>Maghaberry</u>
4 Delayed - Patient refusals
1 Missed – due to house alarm – now completed

(4 patients released prior to Comprehensive Nursing Assessment)</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>100%
284
(0)</td><td>100%
330
(0)</td><td>100%
289
(0)</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%
20
(0)</td><td>98%
48
(1)</td><td>100%
39
(0)</td><td></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	**50%** **(14)**	**53%** **(15)**	**30%** **(73)**	
BBV	All individuals who enter prison offered blood borne virus screening (Hepatitis B & C, HIV) at the Comprehensive Health Assessment.	Offered – number	100% 279 (0)	100% 328 (0)	100% 286 (0)	
Tuberculosis	All individuals who enter prison will be Tuberculosis screening at the Comprehensive Health Assessment.	Offered – number	100% 279 (0)	100% 328 (0)	100% 286 (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 9 weeks	96.6% 1 108 days	100% 0 89 days	

ADULT SERVICES – PRISON HEALTHCARE SERVICES

AHP Service	Podiatry	% compliance (N) = number of breaches (L) = Longest wait	100% (0) 7 weeks	100% (0) 67 days	100% 0 83 days	
AHP Service	Dietetics	% compliance (N) = number of breaches (L) = Longest wait	100% (0) 7 weeks	100% (0) 24 days	100% 0 78 days	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Psychological Therapies waits	All < 13 weeks	21%	21.4%	22.2%	25.0%	25.4%	27.2%	25.9%	25.3%	28.7%	26.2%	24.8%	21.4%	21.2%

Adult Services Directorate – Clinical Psychology Services – KPIs

	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR		APR	MAY	JUN	JUL	AUG
Direct Contacts (cum)	2059 (11283)	2356 (13639)	2320 (15959)	2504 (18463)	2135 (20598)	2453 (23051)	2513 (25561)	2661 (28222)		2594	2755 (5349)	2705 (8054)	2203 (10257)	2101 (12358)
Consultations (cum)	116 (510)	94 (604)	90 (694)	90 (784)	81 (865)	79 (974)	94 (1068)	81 (1149)		78	97 (175)	107 (282)	96 (378)	65 (443)
Supervision - Hours (cum)	128 (652)	119 (771)	116 (887)	110 (997)	121 (1118)	133 (1251)	125 (1376)	153 (1529)		135	135 (270)	125 (395)	124 (519)	129 (648)
Staff training - Hours (cum)	18 (44.5)	23 (67.5)	35.5 (103)	12 (115)	26 (141)	23 (164)	26 (190)	26 (216)		32	36 (68)	63 (131)	48.5 (179.5)	40 (219.5)
Staff training - Participants (cum)	36 (149)	26 (175)	61 (236)	42 (278)	43 (321)	47 (368)	99 (467)	79 (546)		110	111 (212)	140 (352)	66 (418)	65 (483)

Adult Services Directorate – Corporate Issues

Service Area	Indicator	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	10	8	10	4	5	10	15	10	8	10	18	12
	What % were responded to within the 20 day target? (target 65%)	50%	50%	63%	40%	50%	100%	60%	27%	70%	38%	20%	44%	50%
	How many were outside the 20 day target?	2	5	3	6	2	0	4	11	3	5	8	10	6

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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	**24.8%** **(1374)** **[1033]**	**21.4%** **(1359)** **[1068]**	**21.2%** **(1318)** **[1039]**	
		Breaches	**JUN**	**JUL**	**AUG**	**Longest Wait (days)**
		Adult Mental Health	**593**	**621**	**581**	628
		Older People	**29**	**34**	**40**	539
		Adult Learn Dis	**35**	**28**	**26**	344
		Children's Learn Dis	**11**	**13**	**9**	386
		Adult Health Psych	**338**	**347**	**360**	867
		Children's Psych	**27**	**25**	**23**	188
		Total	**1033**	**1068**	**1039**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (3)	100% (7)	100% (3)	100% (5)	100% (2)	100% (2)	100% (2)	100% (1)	**25% (4)**	**0% (2)**	100% (4)	100% (7)	100% (0)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)													
Assessment of Children at Risk r in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	97.7% (1)	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)	95.7% (2)	100% (0)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	**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)**	**94.1% (1)**	95.2% (1)	**64% (9)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	100% (0)	100% (0)	**90% (2)**	**92.9% (1)**	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	**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)	**86.1% (24)**	**91.4% (14)**	**89.2% (15)**
	All Family support initial assessment completed <10 days of allocation	**39.1%**	**41.1%**	**46.7%**	**48.4%**	**31.4%**	**38.5%**	**31.4%**	**36%**	**33.6%**	**36.5%**	**40.2%**	**44.2%**	**33.8%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**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)**	93.1% (2)	**69.1% (8)**	**50% (14)**
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)	97.6% (2)	100% (0)	100% (0)	100% (0)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	**9.1% (20)**	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 2 24 (cum 62)		Quarter 3 52 (cum 114)			Quarter 4 62 (cum 176)			Quarter 1 75				
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	220	194	192*	198*	212	207	172	287	297	264	247	239	222
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	197	171	173*	191*	184	179	168	260	269	234	208	194	185

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG
Fostering	Number of Mainstream Foster Carers	393	393	399	402	410	395	399	401	366	359	364	360	351
	Number of children with Independent Foster Carers	74	73	75	75	75	76	76	73	77	75	72	73	73
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	**65.6%**	**72.1%**	**86.2%**	**80.5%**	**74.3%**	**65.8%**	**63.8%**	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	**Quarter 2 87.6%**		**Quarter 3 86.9%**			**Quarter 4 87%**			**Quarter 1 78.6%**				
	1st time mothers are offered the recommended ante-natal visit by a Health Visitor (reporting is 2 mths in arrears)	**94.6%**	**92.6%**	**94%**	97.3%	95.8%	**90.5%**	**94%**	**94.5%**	**92.1%**	95.7%	**94.8%**	Reported 2 mths in arrears	
Safeguarding	*Total Unallocated Cases at month end*	*276*	*284*	*239**	*261**	*309*	*291*	*285*	*414*	*399*	*382*	*354*	*350*	*311*
	Family Centre Waiting List at month end					18								
Care Leavers	At least 75% aged 19 in education, training or employment	74%	74%	76%	77%	79%	79%	79%	83%	85%	86%	86%	86%	84%

Children's Services - Corporate Issues

Service Area	Indicator	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL
Complaints	How many complaints were received this month?	5	6	9	10	7	11	4	11	7	3	9	4	4
	What % were responded to within the 20 day target? (target 65%)	**20%**	**17%**	**11%**	**0%**	**14%**	**18%**	**50%**	**9%**	**0%**	**0%**	**33%**	**50%**	**0%**
	How many were outside the 20 day target?	4	5	8	10	6	9	2	10	7	3	6	2	4
Freedom of Information Requests	How many FOI requests were received this month?	0	1	4	3	2	2	4	1	2	1	4	2	4
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	**25%**	**67%**	**50%**	**50%**	**50%**	**0%**	**0%**	100%	**25%**	100%	**75%**
	How many were outside the 20 day target?	0	0	3	1	1	1	2	1	2	0	3	0	3

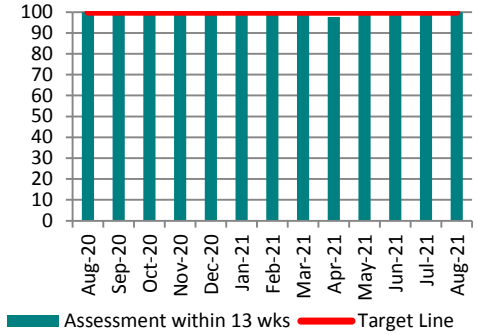
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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% (4)	100% (7)	100% (0)	
	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
			JUN	JUL	AUG	
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% (46) [46]	100% (53) [53]	100% (42) [42]	
	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% (52) [52]	100% (62) [62]	100% (57) [57]	
	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	**94.1%** **(17)** **[16]**	95.2% (21) [20]	**64%** **(25)** **[16]**	Please note that there is now new recording which is still being worked out therefore July figure could be subject to change. HSCB are now looking at number held within 15 working day of receipt of referral and also now within 15 working days of significant event
	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% (16) [16]	100% (23) [23]	100% (16) [16]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
	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	**86.1%** **(173)** **[149]**	**91.4%** **(162)** **[148]**	**89.2%** **(139)** **[124]**	
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	**40.2%** **(107)** **[43]**	**44.2%** **(113)** **[50]**	**33.8%** **(74)** **[25]**	
	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.	93.1% (23) [21]	**61.9%** **(21)** **[13]**	**50%** **(28)** **[14]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st August 2021, 74 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 75 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	100% < 13 wks (0)	

CHILDREN'S SERVICES

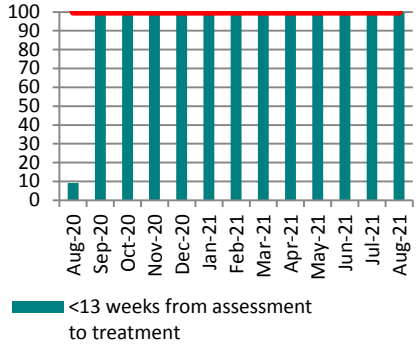
<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>JUN</th><th>JUL</th><th>AUG</th><th></th></tr>
<tr><td></td><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>At 31st August 2021 – 8 total waiters:-

<table><tr><td>0 – 4 wks</td><td>8</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>8</td></tr></table>
Longest wait = 7 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 July 2021

<table><tr><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr><tr><td>25
(76)</td><td>151
(135)</td><td>71
(100)</td><td>222
(311)</td></tr></table></td><td>247

(354)</td><td>239

(350)</td><td>222

(311)</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>14</td><td>0</td><td>7</td><td>21</td></tr><tr><td>1-4 wks</td><td>37</td><td>9</td><td>22</td><td>68</td></tr><tr><td>4-8 wks</td><td>19</td><td>22</td><td>25</td><td>66</td></tr><tr><td>> 8 wks</td><td>6</td><td>104</td><td>46</td><td>156</td></tr><tr><td>Total</td><td>76</td><td>135</td><td>100</td><td>311</td></tr></table>
<table><tr><th>Area</th><th>Longest Wait</th></tr><tr><td>Gateway</td><td>81</td></tr><tr><td>FIT</td><td>495</td></tr><tr><td>Disability</td><td>519</td></tr></table></td></tr>
</table>

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS Q1	Q2	Q3	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**	Number enrolled and set quit date = 70 Number quit at 4 weeks = 59				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	% quit rate = 84%				
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: **120 setting a quit date** n = number enrolled	111 referred 29 = enrolled 24 quit =				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	84% Quit rate				

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					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					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 2022, demonstrate a 5% reduction on absenteeism from 2020-21. 2021/22 target is 6.32% (not yet confirmed by DoH)	2020-21 Year End absence was 6.65% (target 6.44%) HR to work collaboratively with the operational Directorates to address absence figures. Note: this does not include COVID related absence	6.52%				Q1: 2020-21 = 6.84% Q1: 2019-20 = 6.21% Q1: 2018-19 = 6.4% Q1: 2017-18 = 6.43%
Induction	By March 2022, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	April – June 21 = 312 New Starts (Excluding Bank Contracts) Induction Attendance April – June 21 = 135 Induction Attendance by staff who have started within Q1 - 44 The Induction process is still being held virtually and we are still continuing to work through the backlog of staff from previous months.	14%				Q1: 2020-21 = Nil (due to Covid) Q1: 2019-20 = 72% Q1: 2018-19 = 75% Q1: 2017-18 = 69%
Appraisal	Improve reported Appraisal uptake by 5% on previous year – i.e. 43% by end March 22.	End of Year Appraisal for 20/21 – 38% (New Target + 5% = 43%) The pressures of Covid-19 have impacted on manager's time available to complete appraisals.	39%				Q1: 2020-21 = 42% Q1: 2019-20 = 40% Q1: 2018-19 = 42% Q1: 2017-18 = 46%
	By March 2022 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 2020-21 (target 95%).	54%				

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 2021-22. Two 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.	30%				Due to the fact that face to face training has been stood down following COVID-19 guidance, the Trust has been delivering Working Well with Interpreting Training via Zoom. A total of 139 staff have to date accessed this training with excellent evaluation feedback. It is planned to deliver this training in the coming year in both virtual and face to face formats when guidelines permit. The next Zoom session is planned for September 2021.
	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%				QSR was published in May 2021
Bank	By March 22 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	Bank 80.5% Agency 19.5%				Total excluding MHIPU and Prison Healthcare: Bank 86.3% Agency 13.7%
	By March 22 to increase the Users of the Corporate Bank Service by 10%		0%				Rollout of bank has been on hold to allow support of Covid and vaccination programmes. Plans to re-engage by Qtr 3 and appoint Band 5 Business Manager in CBO to drive forward.

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
Single Employer	By end February 2022 all Junior medical staff in the Trust will have transferred employment to Single Employer (a separate legal entity from NIMDTA).	This process will be on a phased basis based on speciality numbers, with some management and operational responsibilities remaining with the host Trust. From February 2022, all junior doctors and dentists in training will hold one contract of employment which will apply throughout their training career.	35%				
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	10 programmes delivered 921 staff attended 137 sessions delivered				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	update will be provided in Q2				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					