

# Year-end Performance Scorecard

Performance against key Commissioning  
Plan targets



2017/18

## Introduction

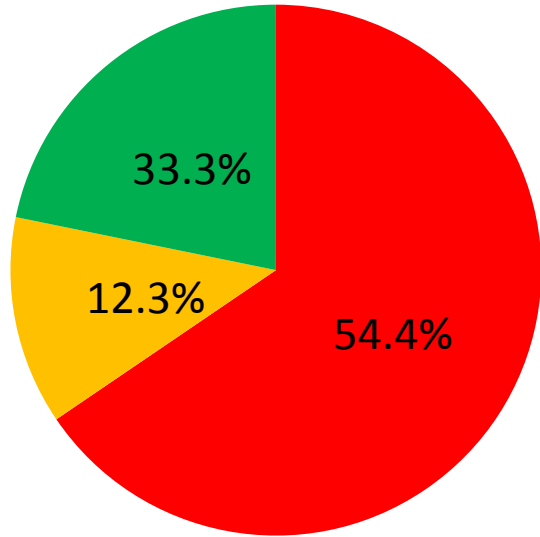
This report presents the performance at fiscal year-end performance against Commissioning Plan targets for each directorate, and compares to the year-end position in 2016/17. While the normal monthly Performance Scorecard also presents information on issues such as Safe & Effective Care, Workforce and other measures, these are not reported here as many of these issues are subject to separate in-depth annual reporting through to Trust Board.

In an effort to reflect the Trust moving towards an outcome based approach for planning and service delivery an integrated accountability framework is being developed. Trust Board Performance reports will be revised to enhance the overview of performance during 2017/18.

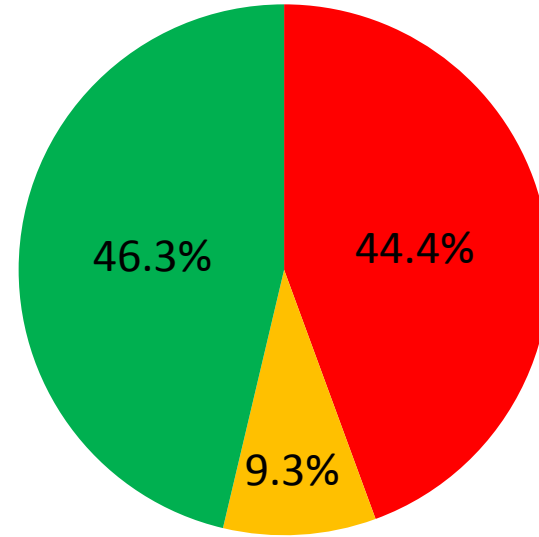
## Summary

	Red	Amber	Green	Total Measures
2015/16	31	7	19	55
2016/17	24	5	25	57
2017/18	26	4	19	49

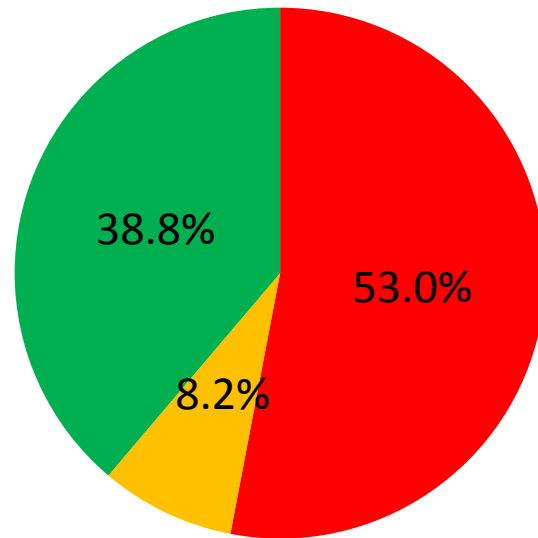
**2015/16**



**2016/17**



**2017/18**



# **HOSPITAL SERVICES**

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
Outpatient Waits	From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment. No-one to wait longer than 52 weeks		Outpatients waiting less than 9 weeks as a % of total waiters.	25.7%	21.1%	Demand continues to increase across all areas of outpatient activity whilst capacity has remained largely unchanged. Non-recurrent waiting list initiative and Independent Sector transfers to address risk areas only has been funded.
			No. waiting >52 weeks Mar 17	9966	21112	
Diagnostic waits	75% of patients should wait no longer than 9 weeks for a diagnostic test. No patient to wait over 26wks	These figures relate to Imaging waits only.	Patients waiting less than 9 weeks as a % of total waiters.	75.7%	71.4%	The number of patients breaching the 9 week target has increased due to an increased demand in in patient, Red Flag and urgent referrals. New target in April 16 – no patient to wait over 26wks – 358 clients breached this target at Mar 18
		These figures relate to Physiological Measurement; i.e. all diagnostics with the exception of Imaging and Endoscopy.	Patients waiting less than 9 weeks as a % of total waiters.	70.3%	69.9%	75% of patients to wait no longer than 9 wks. Numbers breaching at March 18 – 1453 New target in April 16 – no patient to wait over 26wks – 308 clients breached this target at Mar 18
Diagnostic waits	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.		Patients waiting less than 9 weeks as a % of total waiters.	52%	35%	Overall numbers of patients waiting more than 9 weeks has decreased due to use of waiting list initiative for areas at risk however, demand continues to increase in urgent/suspect cancer referrals and unscheduled care.
	No patient should wait longer than 13 weeks for other endoscopies.		Patients waiting less than 13 weeks as a % of total waiters.	64%	55%	
Inpatient & Daycase Waits	By March 2018, at least 55% of inpatients and day cases to be treated within 13 weeks and no patient to wait longer than 52 weeks for treatment.	Inpatients / Day case – 55% in 13 wks target.	% Patients treated within 13 weeks	52%	44.5%	Increased demand in unscheduled care and an increase in red flag and urgent cases have impacted on routine waits, and have resulted in capping of electives and medical outliers in elective beds. Numbers waiting over 13wks have increased by 1452 on March 17
		All Specialties – 52 week target.	% Patients treated within 52 weeks	89%	83%	

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken			% Tests reported < 2 days	95.5%	91%	The number of reports on urgent examinations decreased by 78 - 4% on Mar17, however breaches have increased from 79 to 151 in Mar18.
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 delays is patient awaiting transport from friends, family or ambulance service.	% Patients discharged <6hrs		87.4%	88.8%	The Discharge Hub has worked with patient flow and dedicated pharmacy resource to continue to expedite discharges with a 7 day working model. Nursing Staff resource issues have limited the Trust capacity to run the Discharge Lounge continually – this is being addressed. The Trust continues to proactively encourage family on the timely pick up of their relatives from hospital and to seek alternative appropriate transport arrangements. A contract with the Red Cross Assisted Discharge service has been implemented in co-ordination with the discharge hub.
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	% within 4hrs target	78.6%	69.3%	New and unplanned attendances to the Ulster ED increased from 92,967 in FY16/17 to 94,984 in FY17/18 an additional 2,017 or 2%. Regionally the Trust performed best in region for FY17/18 with compliance of 76.5% against the 4 hour target. There were 4914 12hr breaches during 2017/18 Unscheduled care workstreams continue to make improvements that assist with patient flow. There has been commissioner recognition of demand exceeding capacity which is currently sitting at 59 bed deficit across the year and rose to 120 bed deficit during Jan 18. Work on ambulatory development in respiratory, cardiology, Diabetes and GI also continues to prevent admission and reduce LOS which will have a positive
				Number waiting 12hrs or more	82	348	
			UH	% within 4hrs target	68.3%	56.2%	
				Number waiting 12hrs or more	63	726	
			LVH	% within 4hrs target	86.6%	76.1%	
				Number waiting 12hrs or more	0	57	
			DH	% within 4hrs target	90.6%	86.9%	
				Number waiting 12hrs or more	19	65	

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
						impact on ED performance.
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.		% within 48hr target	86%	62%	Escalation measures have been put in place at various points over the year with additional lists organised and transfer of patients to elective lists in Musgrave Park Hospital. The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage peak demand and due to the urgency of other complex fracture trauma cases. It is difficult to predict performance however the Trust trajectory predicts an average of 68% for 18/19.
			Breaches	5	10	

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
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 (including day cases)		% within 48hr target	75%	62%	The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage peak demand and due to the urgency of other complex fracture trauma cases. Within current resource the Directorate anticipates 65 – 70% target is achievable.
			Number > 48hrs	19	24	
			Number >7 days	1	3	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis. 15/16 target – 13%		% Treated with thrombolysis	15.6%	10.7%	In March, of the 28 confirmed ischaemic strokes admitted only 10.7% (3) patients presented within the appropriate timeframe and were assessed as suitable for thrombolysis.
Card Before you Leave	Ensure that all adults and children who self-harm and present for assessment at		% Compliance	100%	100%	There were 64 SET CBYL referrals received during March 2018. All were offered appointments within 24 hours.

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
	ED are offered a follow-up appointment with appropriate mental health services within 24 hours.		Number of breaches	0	0	There were also 32 out of Trust, patients who attended the Ulster Hospital ED – all were passed to the relevant CBYL Service.

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
Cancer 62-day	95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.		% Beginning treatment <62 days	58%	66%	Compliance against the 62 day standard remains challenging. The number of red flag referrals received each month has continued to increase. In 2016/17 the Trust received on average 1025 referrals each month. This increased to 1143 in 2017/18. Performance has had a positive trajectory in the last 4 months of the year. The Trust made most progress with reduction in numbers waiting over 62 and 85 days. Significant WLI funding has facilitated this improvement, however longer term solutions are required to bridge the demand - capacity gap. Discussions continue to take place with the Health and Social Care Board. Work has been completed locally to streamline the Lung and UGI diagnostic pathways.
			Breaches	21.5	21.5	
Breast Cancer	From April 2015 all urgent breast cancer referrals should be seen within 14 days.		% Being seen within 14 days	100%	100%	The number of referrals to the Symptomatic Breast Service has continued to increase throughout 2017/18. The number of suspect cancer referrals has continued to rise. In 2017/18 the average number of referrals received



TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
			Breaches	0	0	<p>each month rose to 137 from 126 in the previous year. Waiting time for first outpatient appointment is less than 14 days. It is anticipated that the increase in referrals will continue throughout 2018/19. This will cause significant problems in achieving and maintaining 100% of referrals being seen within 14 days. Significant work has been done to ensure cancelled clinics are being back filled and routine slots are being converted as required.</p> <p>Support has been provided to Southern trust for triple assessment clinics and surgical and MDM support.</p>
Cancer 31-day	From April 2015 at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.		% Beginning treatment <31 days	97%	98%	Performance has been over 95% on 6 of the last 12 months. There were 3 breaches in March 18.
Specialist Drug Therapies	From April 2016, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.		Patients waiting less than 13 weeks as a % of total waiters.	100%	100%	There were 3 patients waiting in total.
			Breaches	0	0	
list Drug Therap	From April 2016, no patient should wait longer than 3 months to		Patients waiting less than 13 weeks as a % of total waiters.	100%	46%	There were 22 patients waiting in total

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
	commence NICE approved specialist therapies for psoriasis.		Breaches	0	12	

# **PRIMARY CARE AND OLDER PEOPLE SERVICES**

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY																													
AHP Services	No patient to wait longer than 13 weeks from referral to commencement of treatment.	At 31 <sup>st</sup> March 2018 of 9819 patients on the AHP waiting list, 240 are waiting longer than 13 weeks.	% Within 13 wk target	96.9%	97.6%	Performance has been steady over the year. The main area of pressure is Adult Speech and language Therapy where demand has increased threefold due to the increased number of choking incidents and swallowing assessments required. There is also an increased requirement for training following SAIs related to choking. A focused piece of work on a new model of service has resulted in a reduction in the numbers of referrals waiting and in addition all urgent referrals are assessed and treated within the agreed standard. There is also increased demand in Children's Occupational Therapy service. The Trust AHP service performed best in the region over the 17/18 year																													
		<table border="1"> <thead> <tr> <th>Service</th> <th>No on W/L</th> <th>Waiting &gt;13 wks</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>5474</td> <td>123</td> <td>97.8</td> </tr> <tr> <td>OT</td> <td>1414</td> <td>40</td> <td>97.2</td> </tr> <tr> <td>Orthoptics</td> <td>284</td> <td>6</td> <td>97.9</td> </tr> <tr> <td>Podiatry</td> <td>907</td> <td>0</td> <td>100</td> </tr> <tr> <td>Adults S&amp;LT</td> <td>481</td> <td>34</td> <td>92.9</td> </tr> <tr> <td>Childrens S&amp;LT</td> <td>397</td> <td>16</td> <td>96.1</td> </tr> <tr> <td>Dietetics</td> <td>862</td> <td>0</td> <td>100</td> </tr> </tbody> </table>					Service	No on W/L	Waiting >13 wks	Compliance	Physio	5474	123	97.8	OT	1414	40	97.2	Orthoptics	284	6	97.9	Podiatry	907	0	100	Adults S&LT	481	34	92.9	Childrens S&LT	397	16	96.1	Dietetics
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Breaches	316	240																																	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients from SET Trust of Residence in NI acute beds.	% Within 48hr target	69.5%	77.5%	Unscheduled Care Board has revised its focus for 2017/18 on a few key areas including Transition Care, Patient Flow and Ambulatory Care. Building on the considerable improvement through the discharge hub and discharge to assess models over the last year this is being extended Trust wide. This will also expedite SET discharges from the Belfast hospitals. Alongside these areas is the on-going debate on bed capacity and shortfall at the Ulster Hospital.																													
			Breaches	81	78																														
		All qualifying patients in SET beds.	% Within 48hr target	68.4%	69.5%																														
			Breaches	374	410																														
	No Complex discharge should take longer than 7 days.	All qualifying patients in SET beds.	% Within 7-day target	89.8%	87.8%																														
			Breaches	38	50																														

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
HCAI	By March 2018, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2016/17	C. Difficile	Number in Year	52	59	The Trust did not meet the CDI Target this year reporting 59 C. difficile infections (CDI) against the target of 49. This represents 7 cases more than in the previous year. A post-infection review was undertaken to identify and share any learning. 54% of infections occurred within 72hrs of admission. We continued to issue all Hospital identified cases of CD infection or 'carriers' with letters. A copy was sent to their GP. This information provided advice on future prescribing and what action to take if the patient developed further bouts of diarrhoea. This initiative has been shared across the region and with PHA.
			(Target)	(<55)	(<49)	
		MRSA	Number in Year	13	5	
			(Target)	(<7)	(<6)	
Long-term Conditions	By March 2018, deliver 90,132 telecare monitored patient days (equivalent to approximately 244 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract.		Cum % of target delivered by end March	110%	106%	The target was met.
Unplanned Admissions	By March 2018 reduce the number of unplanned		No of Admissions	2881	2864*	*PROJECTED (target reported in arrears)

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
	hospital admissions by 5% for adults with specified long-term conditions		(Target)	<2684	<2684	

## ADULT SERVICES

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
<b>Mental Health Services</b>						
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.		% within 9 week target	99.8%	93.2%	43 patients breached this target in March 18, the Trust met the target in 6 out of 12 months this year The adult mental health service in SET has an assessment model which until December has enabled the Trust to meet the 9 week target. The service predicted that this year due to a number of factors including staffing, capacity/demand and a more complex assessment tool, the service would start to show a breach position.
			Breaches	1	43	
Discharge and Follow-up	From April 2016, 99% of discharges take place within 7 days of patient being assessed as medically fit for discharge and all within 28 days.		% Within 7 days	100%	100%	The Trust has met this target but it is becoming increasingly more challenging to do so as community accommodation options are more limited. Therefore, it is anticipated that the Trust will find it more difficult to meet the target as we progress through 18/19.

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
<b>Mental Health Services</b>						
	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 66 SET discharges in March 2018, for follow up within 7 days. 1 breach of 7 day follow up.	% within 7 days	100%	100%	This is an important target for the service, which strives to perform consistently well against it. This target is linked to findings and recommendations from National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The first 7 days post discharge had been noted in previous Inquiries as a critical period when individuals were most at risk. The 7 day follow up visit helps individuals manage this transition through early contact and support.

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
<b>Disability Services</b>						
<b>Discharge</b>	From April 2016, 99% of discharges take place within 7 days of patient being assessed as medically fit for discharge and all within 28 days.		% within 7 days	100%	100%	The Trust has met this target



TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
<b>Disability Services</b>						
Resettlement	By March 2017, resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.			At the end of March 2017 the Trust has 3 patients to resettle 1 in receipt of treatment .	At the end of March 2018 the Trust has 3 patients to resettle 2 in receipt of treatment.	Work is on-going to progress remaining placements.  SEHSCT have 3 remaining patients to resettle from the original list. New services are being developed to meet this need; however 2 of the 3 patents are not ready for discharge at this stage as they are receiving treatment.

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
<b>Prison Healthcare Services</b>						
Reception / Commitment	ALL prisoners to have healthcare / keep-safe screen on day of reception, before spending first night in prison		% compliance	100%	100%	344 prisoners were committed during March. All prisoners received their keep-safe screen on arrival.

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
<b>Prison Healthcare Services</b>						
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal		% compliance	99.1%	99.7%	1 Breach, patient DNAX3, refused assessment.
Inter-prison transfer	All prisoners to receive a "Transfer Health Screen" by Prison Healthcare Staff on the day of arrival.		% compliance	100%	100%	
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour		% compliance	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)		% compliance	100%	100%	

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
<b>Psychology Services</b>						

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
<b>Psychology Services</b>						
<b>Waiting Times For Assessment And Treatment</b>	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies		% > 13 weeks	51.5%	63.1%	The Trust has achieved significant improvement in the number of patients attaining the 13 week access target from 52% in March 2017 to 63% in March 2018. The most significant improvement in access to Psychological Therapies has been delivered in the Mental Health and Health Psychology Specialisms where the Trust has secured and implemented waiting list initiative monies. The breach for Mental Health patients has reduced from 185 pts in March 2017 to 105 pts in March 2018, with the longest waiting time also reduced from 382 days to 190 days in March 2018. Similarly, in Health Psychology we have achieved a 287% improvement in the number of pts breaching access targets from 221 pts in March 2017 to 77 pts in March 2018; with the longest wait reducing from 683 days in 2017 to 338 days in 2018.
			Breaches	446	228	

# **CHILDREN'S SERVICES**

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
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.	All placements were subject to formal assessment and went through the Children's Resource Panel.	% compliance	100%	100%	This target was met
	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 17 children taken into care during September 2015. One child was respite / shared care, 7 children were discharged from care.	% compliance	100%	100%	This target was met
		Of the remaining 9 children, 7 had a permanence plan in place at the end of March 2016.	Number of children without permanence plan within 6 months.	0	0	
Assessment Of Children At Risk Or In Need	All child protection referrals to be allocated within 24 hours of receipt of referral.		% compliance (breaches)	100%	100%	This target was met

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY
	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 (breaches)	100%	100%	This target was met
Assessment Of Children At Risk Or In Need	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 (breaches)	87.5%	100%	This target was met
	All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after.		% compliance (breaches)	100%	100%	This target was met
	All family support referrals to be allocated to a social worker within 30 working days for initial assessment.		% compliance (breaches)	65.6%	88.2%	The average percentage over the year for Family Support Referrals to be assessed within 30 days was over 90%.
	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 (breaches)	27.1%	17.1%	Regionally Trusts have difficulty with this target. Completion of a Family Support assessment is not wholly within the control of Trust staff; there is a reliance on gathering information from other disciplines, carrying out an analysis and having the assessment written up and quality assured by a SSW.
	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 (breaches)	100%	65.2%	This target was not met. There were 16 breaches out of 46 cases

TITLE	TARGET	NARRATIVE		Mar 2017	Mar 2018	COMMENTARY									
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 <sup>st</sup> March 2018, 54 children were on the waiting list specifically for diagnostic assessment for ASD.  1 children waiting > 13 wks (Longest wait 89 Days)  % = compliance (n) = breaches	% compliance (breaches)	100%	98.1%	This target was not met  There was 1 breach due to parental choice of appointment. This parent has since cancelled the agreed appointment and has asked to be removed from the service.									
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 <sup>st</sup> March 2018 – 65 total waiters:- <table border="1"> <tr> <td>0 – 4 wks</td> <td>19</td> </tr> <tr> <td>&gt;4 – 8 wks</td> <td>41</td> </tr> <tr> <td>&gt;8 – 13 wks</td> <td>5</td> </tr> <tr> <td>&gt; 13 wks</td> <td>0</td> </tr> <tr> <td>Total</td> <td>65</td> </tr> </table>  % = compliance (n) = breaches	0 – 4 wks	19	>4 – 8 wks	41	>8 – 13 wks	5	> 13 wks	0	Total	65	% compliance (breaches)	100%	100%
0 – 4 wks	19														
>4 – 8 wks	41														
>8 – 13 wks	5														
> 13 wks	0														
Total	65														
Unallocated Cases	Monitor the number of unallocated cases >20 days in Children's Services		Number of Unallocated Cases >20 days at 31 <sup>st</sup> March	105	272	The Trust has seen an increase in the number of unallocated cases. Smaller numbers at March 17 was mainly due to an investment of temporary resources provided between January and March 2017									

# **PERFORMANCE IMPROVEMENT TRAJECTORIES**



## Hospital Services

Performance Area	Performance 2016/17	Projected Performance 2017/18	Predicted Position Apr – Mar	Actual Position Apr 17 – Mar 18
ED 4 hours (%)	80	80	80	77
Cancer 14 days (%)	78	95	95	100
Cancer 31 days (%)	95	94	94	95
Cancer 62 days (%)	49	51	51	51
IPDC Core Elective (%)	-7.4	-8	-8	-2.6
NOP Core (%)	-11.4	-12	-12	-3.3

## Mental Health Waiting Times – 9 & 13 Week Targets

<b>Performance Area</b>	<b>Position March 17</b>	<b>Projected Position March 18</b>	<b>Projected Position Mar 18</b>	<b>Actual Position Mar 18</b>
<b>Adult Mental Health</b>	1	0	0	<b>43</b>
<b>Psychological Therapies</b>	446	142	142	<b>228</b>