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## 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 indicators 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	IP	Inpatient
AHP	Allied Health Professional	IP&C	Infection Prevention & Control
ASD	Autistic Spectrum Disorder	KPI	Key Performance Indicator
BH	Bangor Hospital	KSF	Key Skills Framework
BHSCT	Belfast Trust	LVH	Lagan Valley Hospital
C Diff	Clostridium Difficile	MPD	Monitored Patient Days
C Section	Caesarean Section	MRSA	Methicillin Resistant Staphylococcus Aureus
CAUTI	Catheter Associated Urinary Tract Infection	MSS	Manager Self Service (in relation to HRPTS)
CBYL	Card Before You Leave	MUST	Malnutrition Universal Screening Tool
CCU	Coronary Care Unit	NICAN	Northern Ireland Cancer Network
CHS	Child Health System	NICE	National Institute for Health and Clinical Excellence
CLABSI	Central Line Associated Blood Stream Infection	NIMATS	Northern Ireland Maternity System
CNA	Could Not Attend (eg at a clinic)	OP	Outpatient
DC	Day Case	OT	Occupational Therapy
DH	Downe Hospital	PAS	Patient Administration System
DNA	Did Not Attend (eg at a clinic)	PC&OP	Primary Care & Older People
ED	Emergency Department	PDP	Personal Development Plan
EMT	Executive Management Team	PfA	Priorities for Action
		PfG	Programme for Government
		PMSID	Performance Management & Service Improvement Directorate (at Health & Social Care Board)
ERCP	Endoscopic Retrograde Cholangiopancreatography		
ESS	Employee Self Service (in relation to HRPTS)	RAMI	Risk Adjusted Mortality Index
FIT	Family Intervention Team	SET	South Eastern Trust
FOI	Freedom of Information	S&LT	Speech & Language Therapy
HCAI	Health Care Acquired Infection	SQE	Safety, Quality and Experience
HR	Human Resources	SSI	Surgical Site Infection
HRMS	Human Resource Management System	TDP	Trust Delivery Plan
HRPTS	Human Resources, Payroll, Travel & Subsistence	UH	Ulster Hospital
HSCB	Health & Social Care Board	VAP	Ventilator Associated Pneumonia
HSMR	Hospital Standardised Mortality Ratios	VTE	Venous Thromboembolism
ICU	Intensive Care Unit	W&CH	Women and Child Health
liP	Investors in People	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  $\geq 4$

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

% people who are satisfied with Health and Social Care

Preventable mortality

Healthy life expectancy at birth

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

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

### DoH:

Improving the health of our people

Improving the quality and experience of healthcare

Ensuring the sustainability of our services

Supporting and empowering staff

### Trust:

Reduce preventable deaths

Reduce unplanned Hospital admissions

Increase independent living

Decrease mood and anxiety prescriptions

## Primary Measures

Recovery College

Emergency admissions rate

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

Improve mental wellbeing

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

SQE Performance

Make Contact Count

Health Promotion

Age Friendly Societies

Falls Prevention

Smoking Cessation

Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

**SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.11.2020**

# **SAFE AND EFFECTIVE CARE October 2020**



## **SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.11.2020**

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

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

- As way of demonstrating and thinking about variation
- As simple tool for analysing data – measurement for improvement
- As a tool to help make better decisions - easy and sustainable to use

**SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.11.2020**

**Description**

The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process is measured across all wards each month through a random sample of 10 patient charts in each area.

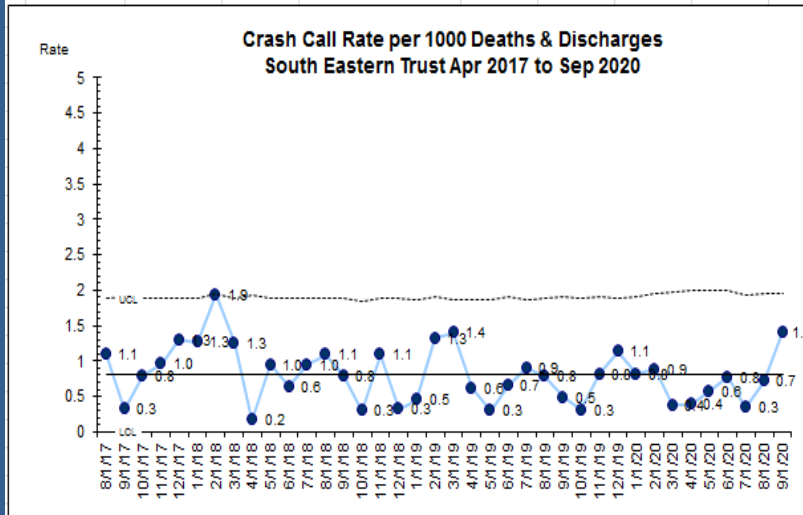
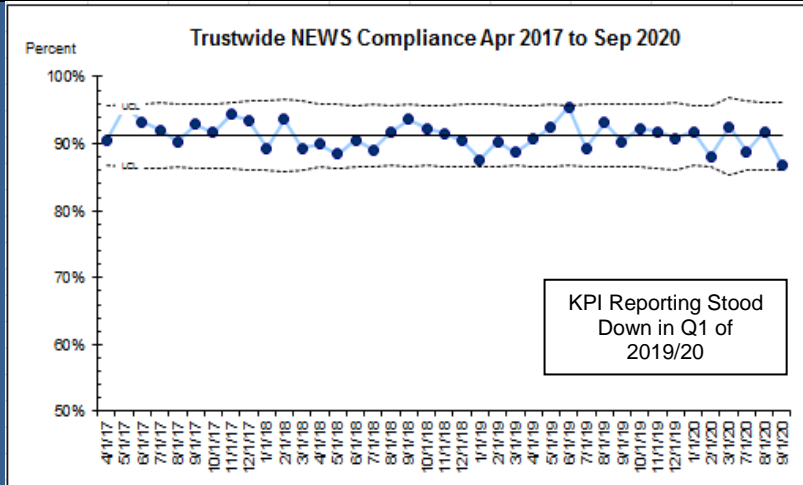
**Aggregate position**

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

This transition was delayed due to Wave 1 of Covid-19, however NEWS 2 has been available on e-Procurement since July 2020 and usage is increasing across the trust with almost 75% of wards using the chart.

The current NEWS chart on eDAMS has been adapted to reflect NEWS 2 and some wards have volunteered to pilot it. Following the pilot period the emphasis will be on scale and spread across all the wards using eDAMS.

**Trend**



**Variation**

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

**2018/19**  
Average compliance 90%

**2019/20**  
Average compliance 90%

**2020/21**  
Average compliance 96%

**SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.11.2020**

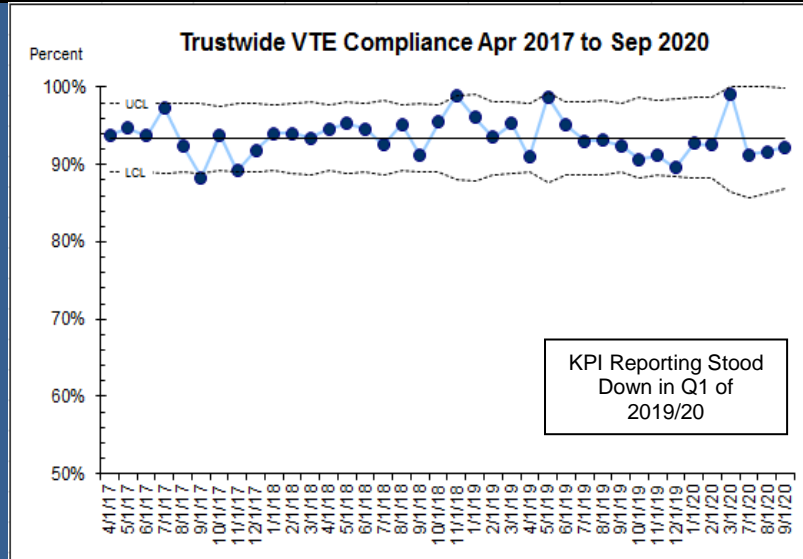
**Description**

Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2019/20

**Aggregate position**

**Trend**

**Variation**



**2018/19**  
Average compliance 95%

**2019/20**  
Average compliance 93%

**2020/21**  
Average compliance 91%

**SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.11.2020**

**Description**

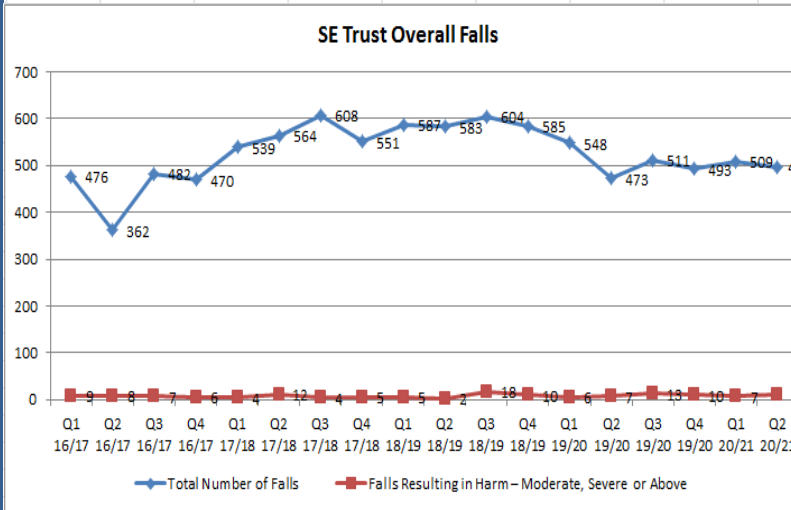
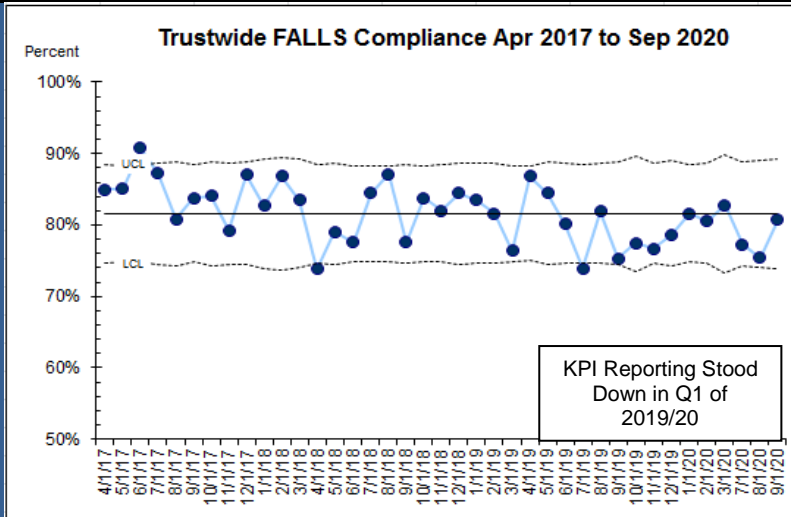
Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and patients aged 50-64 years who are assessed to be at higher risk of falling because of an underlying condition in part B.

**Aggregate position**

SEHSCT Trust Falls Co-ordinator has been appointed. An Acute Falls Lead has been recruited to facilitate work within acute care. A Community Falls Lead has been recruited to rebuild the community service and renew focus on work within care homes. Due to the restructuring of the falls service, the SEHSCT 2021 Falls Strategy will take on an innovative direction, incorporating the appointment of the Falls Co-ordinator and the Leads for Acute and Community Services.

Trust working group recommenced November 2020. Incident rates and learning will be discussed quarterly in this forum. Other methods of sharing learning being explored by Falls Co-ordinator.

**Trend**



**Variation**

Lowest compliance questions:  
Part A: 'Urinalysis performed' 94%  
Part B: 'Lying and Standing Blood Pressure' 84%

**2018/19**  
Average compliance 81%

**2019/20**  
Average compliance 79%

**2020/21**  
Average compliance 79%

**SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.09.2020**

**Description**

From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were avoidable

Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days

**Aggregate position**

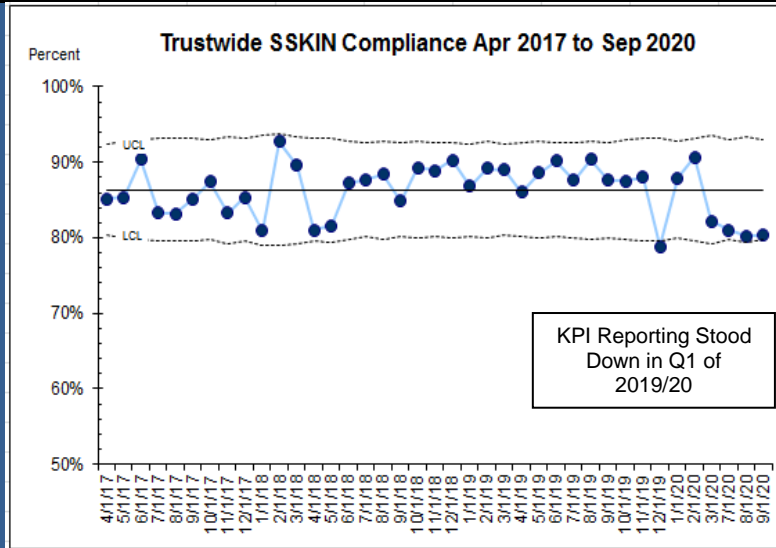
Q2 pressure ulcer figures –

Stage 2 or above: 46  
 Stage 3/4: 4  
 Ungradeable: 6  
 Deep Tissue: 3  
 Medical Device: 7  
 2 stage 3,  
 2 DTI  
 2 Ungradeable

Avoidable: 0

During this reporting period the tissue viability team were redeployed with the exception of the TVN Lead, monitoring and reporting of pressure ulcers continued throughout out.

**Trend**



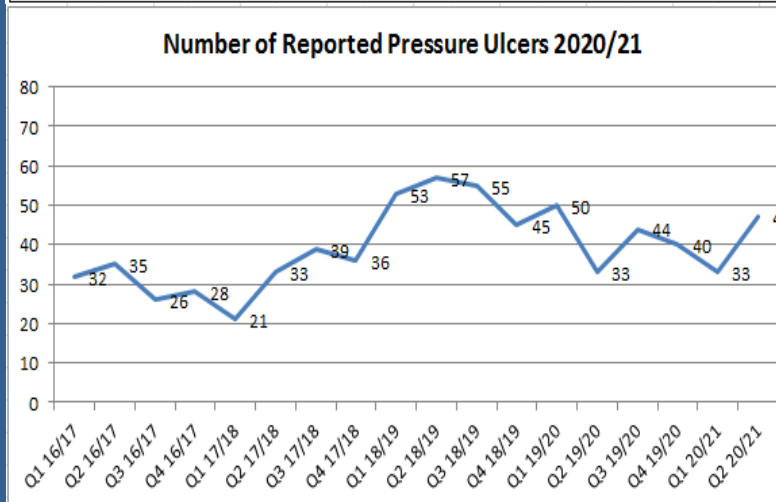
**Variation**

Lowest compliance question: 'Repositioning' 96%

**2018/19**  
Average compliance 88%

**2019/20**  
Average compliance 88%

**2020/21**  
Average compliance 84%



**SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.09.2020**

Description	Aggregate position	Trend	Variation
<p>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.</p>	<p>Compliance with MUST screening continues to be monitored across all adult acute inpatient areas, acute mental health and dementia units. Next Steps audit completed to see if nutritional care is being carried out in line with risk status.</p>		<p><b>2018/19</b> Average compliance 95%</p> <p><b>2019/20</b> Average compliance 94%</p> <p><b>2020/21</b> Average compliance</p>

Description	Aggregate position	Trend	Variation
<p>95% compliance with fully completing medication kardexes (i.e. no blanks)</p> <p>The omitted medicines regional group has been formed to set direction and inform strategy on omitted and delayed medicines for adults in patient wards.</p>	<p>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.</p>		<p><b>2018/19</b> Average compliance 91%</p> <p><b>2019/20</b> Average compliance 92%</p> <p><b>2020/21</b> Average compliance</p>

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	The Policy for The Provision and Management of Cleaning Services issued by the DHSSPS in January 2015 requires Very High Risk and High Risk Scores to be reported for Cleaning and Nursing only. As a consequence of removing estate condition issues, the acceptable level of cleanliness in Departmental Audits which was set at 85% in Cleanliness Matters is increased to 90%. The removal of the Estates Services scores has contributed to the observed increase in overall scores. Overall the Trust continues to meet this higher threshold and continues to exceed its own internal target for all facilities, although individual facilities may on occasions not meet this target.	SET 90%	SET 92%	SET 91%	NO MDA Audits Q1 Due To COVI D-19	SET 93%	
			UH 89%	UH 88%	UH 91%		UH 90%	
			LVH 95%	LVH 94%	LVH 91%		LVH 94%	
			DH 86%	DH 93%	DH 93%		DH 96%	

TITLE	Target	NARRATIVE	PERFORMANCE			TREND												
			AUG	SEPT	OCT													
HCAI	<p>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.</p> <p>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.</p>	<table border="1"> <thead> <tr> <th></th> <th>2019/2020 Target</th> <th>2020/2021 Target</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td><b>Target&lt;55</b></td> <td><b>Target &lt; 55</b></td> </tr> <tr> <td>MRSA</td> <td><b>Target&lt;5</b></td> <td><b>Target &lt; 5</b></td> </tr> <tr> <td>GNB</td> <td><b>Target &lt;39</b></td> <td><b>Target &lt; 39</b></td> </tr> </tbody> </table>		2019/2020 Target	2020/2021 Target	C Diff	<b>Target&lt;55</b>	<b>Target &lt; 55</b>	MRSA	<b>Target&lt;5</b>	<b>Target &lt; 5</b>	GNB	<b>Target &lt;39</b>	<b>Target &lt; 39</b>	<p>C Diff</p> <p>9</p> <p>(cum 30)</p>	<p>C Diff</p> <p>3</p> <p>(cum 33)</p>	<p>C Diff</p> <p>7</p> <p>(cum 40)</p>	
			2019/2020 Target	2020/2021 Target														
		C Diff	<b>Target&lt;55</b>	<b>Target &lt; 55</b>														
		MRSA	<b>Target&lt;5</b>	<b>Target &lt; 5</b>														
GNB	<b>Target &lt;39</b>	<b>Target &lt; 39</b>																
<p>MRSA</p> <p>1</p> <p>(cum 3)</p>	<p>MRSA</p> <p>2</p> <p>(cum 5)</p>	<p>MRSA</p> <p>1</p> <p>(cum 6)</p>																
<p>GNB</p> <p>5</p> <p>(cum 34)</p>	<p>GNB</p> <p>8</p> <p>(cum 42)</p>	<p>GNB</p> <p>4</p> <p>(cum 46)</p>																



**SECTION 2**

**PERFORMANCE AGAINST COMMISSIONING PLAN  
TARGETS**

# **HOSPITAL SERVICES**

# HOSPITAL SERVICES

## Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	
Outpatient waits	Min 50% <9 wks for first appt	19.6%	19.0%	17.5%	17.2%	18.0%	16.2%	10.0%	10.1%	8.4%	10.1%	11.4%	12.0%	12.2%	
	All <52 wks	56.7%	67.7%	56.6%	55.8%	54.8%	68.1%	50.1%	50.2%	45.9%	44.7%	43.5%	41.7%	40.0%	
Diagnostic waits	Imaging 75% <9 wks	62.7%	61.2%	54.9%	54%	56.5%	51.8%	34.3%	19.3%	30.5%	32.9%	35.9%	39.4%	44.6%	
	Physiological Measurement <9 wks	42.6%	44.9%	42.2%	42.5%	45.1%	46%	30.2%	16.6%	15.9%	17.8%	23.2%	29.4%	36.1%	
		Diag Endoscopies	< 9 wks	64%	61%	61%	58%	70%	72%	56%	28%	35%	49%	50%	53%
Inpatient & Daycase Waits	< 13 wks	59%	62%	62%	60%	59%	58%	51%	42%	43%	45%	41%	36%	39%	
	Min 55% <13 wks	46%	47%	44%	43%	42%	44%	39%	27%	20%	20%	23.7%	26.6%	30%	
Diagnostic Reporting	All <52 wks	82%	81%	81%	79%	78%	77%	76%	74%	72%	72%	69%	67%	66%	
	Urgent tests reported <2 days	83.2%	83.5%	85.3%	86.2%	84.9%	76%	98.4%	95.8%	93.9%	87.2%	84.2%	84.9%	87.5%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	75%	69%	67.2%	71.9%	70.4%	72%	75%	72.3%	71.4%	68.1%	67.7%	70.5%	69.2%
		12hr breaches	938	950	1035	1183	977	514	21	205	450	860	948	943	885
	UHD	4hr performance	59%	58.1%	54.9%	59.5%	58.8%	60.3%	71.4%	68.0%	66.4%	61.1%	59.6%	61.4%	60%
		12hr breaches	914	915	985	1086	939	495	21	205	449	859	947	941	882
	LVH	4hr performance	69.4%	74.8%	76.5%	81.4%	73.8%	82.6%	84.9%	83.1%	81.4%	82.5%	76.4%	75.6%	76.8%
		12hr breaches	9	2	3	15	4	1	0	0	1	1	1	2	3
	DH	4hr performance	85.5%	85.5%	80.9%	83.0%	85.3%	86.9%	n/a	n/a	n/a	n/a	99.4%	99.8%	99.6%
		12hr breaches	15	33	47	82	2	18	0	0	0	0	0	0	0
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	87.2%	88.2%	86.5%	91.4%	87.9%	89.9%	98.0%	95.1%	92.7%	88.0%	90.8%	93.5%	94.8%	
Non Complex discharges	ALL <6hrs	87.9%	87.4%	87.3%	87.2%	87.9%	85.9%	85.4%	82.2%	80.9%	82.8%	81.6%	79.6%	71.7%	
Hip Fractures	>95% treated within 48 Hours	86%	89%	74%	75%	80%	92%	100%	96%	94%	83%	56%	89%	91%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis	22.8%	14.7%	14.7%	24%	17%	8%	18.5%	19.2%	12%	13%	18.8%	22.2%	31.3%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	36%	52%	38%	30%	31%	49%	50%	44%	54%	59%	53%	63%	61%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)	100% (0) {14}	100% (0) {14}	100% (0) {14}	100% (0) {14}	100% (0) {14}	98.3% (4) {17}	99% (1) {38}	99.3% (1) {21}	100% (0) {14}	99.5% (1) {75}	100% (0) {14}	100% (0) {14}	100% (0) {14}	88.7% (29) {24}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)	97% (4)	95% (5)	95% (4)	91% (10)	95% (4)	93% (5)	95% (5)	96% (4)	96% (4)	97% (3)	93% (8)	98% (2)	97% (3)	
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach	100%			100%										
	Psoriasis (n) - Breaches	To be reported in arrears													

# HOSPITAL SERVICES

## Hospital Services HSC Indicators of Performance

Service Area	Indicator	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	95.3%	93.4%	98.1%	97.8%	94.6%	87.4%	99.6%	99.8%	99.9%	99.4%	98.4%	98.9%	99.6%	
	% routine tests reported <28 days (Target formerly 100%)	97.6%	98.0%	99.8%	99.2%	96.2%	93.7%	99.9%	100%	100%	100%	99.7%	99.7%	100%	
% Operations cancelled for non-clinical reasons	LVH Jun – 12 Due to COVID, 4 Due to Surgeon unavailable	SET	1.4%	2.0%	3.1%	5.8%	1.3%	12.5%	8.9%	1.9%	2.6%	0.9%	1.2%	0.9%	2.9%
		UHD	2.0%	2.9%	3.0%	6.4%	1.5%	10.9%	8%	1.2%	1.0%	0.8%	1.4%	0.6%	2.9%
		LVH	0.7%	0.3%	3.2%	4.3%	1.5%	10.6%	8.1%	3.2%	1.8%	1.1%	1.2%	1.0%	3.7%
		DH	0.5%	0.7%	3.0%	5.8%	0.4%	20.6%	40%	0%	12.1%	1.0%	0.7%	1.9%	1.6%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 70%	Cum 68%	Cum 68%	Cum 69%	Cum 67%	Cum 68%	Cum 86%	Cum 71%	Cum 94%	Cum 89%				
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 82.6%	Cum 85.0%	Cum 82.6%	Cum 82.0%	Cum 82.6%	Cum 82.8%	Cum 82.1%	Cum 51.3%	Cum 67.1%	Cum 73.5%				
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	12981	12418	11800	11962	11220	9043	6194	8817	9615	10400	10882	10930	10068	
	Ulster Hospital	8411	8271	7888	7657	7328	6136	5156	7347	7892	8448	8295	8140	7410	
	Lagan Valley Hospital	2484	2273	2089	2276	2105	1557	1038	1470	1723	1952	1956	2143	1825	
	Downe Hospital (inc w/end minor injuries)	2086	1874	1823	2029	1787	1350	0	0	0	0	631	947	833	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	9.6%	10.6%	10.8%	10.9%	9.8%	10.6	6.5%	7.2%	7.4%	7.7%	8.2%	8.9%	8.7%	
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	-4.9%	7.1%	-9.0%	-49.4%	10.8%	-233%	-220%	3.3%	6.8%	7.2%	32.4%	4.4%	2.6%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5391	4667	3942	4868	4599	3459	1430	2119	3145	3662	3655	5239	5990	
Other Operative Fractures	>95% within 48hrs	78%	76%	41%	48%	75%	76%	93%	85%	77%	83%	76%	96%	60%	
	100% within 7 days	97.4%	96.8%	93.8%	97%	100%	94.4%	100%	100%	100%	100%	99%	100%	96.8%	
Stroke	No of patients admitted with stroke	35	34	34	37	35	37	27	26	50	46	32	27	32	
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	38% (176)	41.3% (178)	34.4% (217)	31.4% (229)	33.3% (262)	21.6% (297)	6.4% (351)	4.4% (326)	9.6% (236)	12.6% (235)	20.2% (249)	20.8% (267)	23.1% (289)
		Ophth	55.4% (209)	55.8% (218)	55.4% (209)	31.0% (361)	31.0% (361)	31.2% (392)	17% (395)	3.2% (427)	4.6% (350)	4.6% (308)	8.1% (283)	8.5% (280)	8.2% (268)

## HOSPITAL SERVICES

### Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.8	7.8	8.2	8.8	7.9	9.6	5.9	5.4	6.4	6.2	6.3	6.7	6.2
	Ave LOS trimmed	5.3	5.7	5.5	6.2	5.8	5.7	4.6	4.6	5.3	5.1	5.0	5.1	5.0
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10.9	10.6	10.6	14.1	11.5	13.8	6.6	6.3	7.2	7.7	7.5	9.7	8.7
	Ave LOS trimmed	7.5	7.0	7.0	7.6	7.2	6.9	5.4	5.8	5.8	6.0	5.6	6.6	6.3
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	61.0%	62.2%	61.7%	73.7%	68.1%	76.7%	82.4%	86.8%	86.6%	77.2%	63.6%	57%	54.9%
	% NEW attendances who left without being seen (Target < 5%)	3.0%	3.1%	3.0%	2.6%	2.4%	2.4%	1.2%	1.4%	1.6%	2.6%	2.6%	2.2%	2.0%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.8%	2.4%	2.4%	2.7%	2.7%	2.1%	1.8%	2.5%	3.0%	2.9%	2.9%	2.5%	2.9%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	51.7%	49.3%	50.0%	58.5%	53.4%	62.0%	81.2%	71.5%	63.7%	54.7%	61.9%	67.6%	69.3%

### Hospital Services – Corporate Issues

Service Area	Indicator	SEPT 19	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	29	42	36	24	42	36	17	4	6	16	28	34	36
	What % were responded to within the 20 day target? (target 65%)	17%	29%	28%	29%	31%	11%	24%	0%	17%	19%	11%	29%	25%
	How many were outside the 20 day target?	24	30	26	17	29	32	13	4	5	13	3	24	27
Freedom of Information Requests	How many FOI requests were received this month?	14	10	8	7	11	10	3	7	5	6	11	9	10
	What % were responded to within the 20 day target? (target 100%)	71%	60%	88%	71%	82%	70%	66%	71%	40%	33%	73%	44%	60%
	How many were outside the 20 day target?	4	4	1	2	2	2	0	4	3	4	3	5	4

## HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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	11.4%	12.0%	12.2%	
			[68268]	[68722]	[69490]	
			(60494)	(60446)	(61012)	
			{38567}	{40043}	{41712}	
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.	<b>Imaging (9 wk target)</b> 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 <i>N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.</i>	35.9%	39.4%	44.6%	
			[16273]	[16113]	[15515]	
	(10476)	(9765)	(8599)			
	{7356}	{7229}	{5988}			
	<b>Physiological Measurement (9wk)</b> These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	23.2%	29.4%	36.1%		
		(6314)	(5979)	(3757)		
No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.	<b>Diagnostic Endoscopies Inpatient / Day Case (9 wk target)</b> (this is a subset of the Day-case target reported overleaf)	50%	53%	47%		
		[1693]	[1801]	1944		
No patient should wait longer than 13 weeks for other endoscopies.		(842)	(852)	(912)		

## HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
	<p>No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.</p> <p>No patient should wait longer than 13 weeks for other endoscopies.</p>	<p><b>Diagnostic Endoscopies Inpatient / Day Case (13 wk target)</b></p> <p>[n] = total waiting (n) = breaches</p>	<p><b>41%</b> <b>[798]</b> <b>(475)</b></p>	<p><b>36%</b> <b>[797]</b> <b>(510)</b></p>	<p><b>39%</b> <b>[881]</b> <b>(539)</b></p>	<p>Legend: Endoscopy 9 wk, Endoscopy 13 wk, Target</p>
Inpatient & Daycase Waits	<p>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.</p>	<p>Inpatients / Daycase – 13 wk target</p> <p>% = % waiting &lt; 13 weeks</p> <p>(n) = breaches</p>	<p><b>23.7%</b> <b>(7205)</b></p>	<p><b>26.6%</b> <b>(7118)</b></p>	<p><b>30%</b> <b>(6997)</b></p>	<p>Legend: IP/DC 13wk, All 52 wks, Target Line 13wk, Target Line 52wk</p>
		<p>All Specialties – 52 wk target</p> <p>% = % waiting &lt; 52 weeks</p> <p>(n) = breaches (52 wks)</p>	<p><b>69%</b> <b>(2972)</b></p>	<p><b>67%</b> <b>(3203)</b></p>	<p><b>66%</b> <b>(3395)</b></p>	

## HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In October 2020, of 3566 total urgent tests reported, 3122 were reported in &lt; 2 days</p> <p>(n) = breaches &gt; 2 days</p> <p>[n] = total urgent tests</p>	<p>84.2%</p> <p>(405)</p> <p>[2561]</p>	<p>84.9%</p> <p>(498)</p> <p>[3298]</p>	<p>87.5%</p> <p>(444)</p> <p>[3566]</p>	
Emergency Departments	<p>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.</p> <p>No patient attending any Emergency Department should wait longer than 12 hours.</p>	<p>SET attendances include Ards &amp; Bangor Minor Injury Units not broken down below as not Type 1 Units</p> <p>SET &amp; Downe Hospital attendances include attendances at Downe Minor Injuries Unit.</p> <p>n = total new and unplanned review attendances.</p> <p>[n] = seen within 4 hours</p> <p>% = % seen within 4 hours</p> <p>(n) = 12 hour breaches</p>	<p>SET</p> <p>12248</p> <p>[8295]</p> <p>67.7%</p> <p>(947)</p>	<p>SET</p> <p>12463</p> <p>[8796]</p> <p>70.5%</p> <p>(943)</p>	<p>SET</p> <p>11029</p> <p>[7638]</p> <p>69.2%</p> <p>(885)</p>	
			<p>UH</p> <p>8627</p> <p>[5140]</p> <p>59.6%</p> <p>(947)</p>	<p>UH</p> <p>8140</p> <p>[4997]</p> <p>61.4%</p> <p>(941)</p>	<p>UH</p> <p>7410</p> <p>[4445]</p> <p>60%</p> <p>(882)</p>	
			<p>LVH</p> <p>1956</p> <p>[1494]</p> <p>76.4%</p> <p>(1)</p>	<p>LVH</p> <p>2143</p> <p>[1621]</p> <p>75.6%</p> <p>(2)</p>	<p>LVH</p> <p>1825</p> <p>[1402]</p> <p>76.8%</p> <p>(3)</p>	
			<p>DH</p> <p>631</p> <p>[627]</p> <p>99.4%</p> <p>(0)</p>	<p>DH</p> <p>947</p> <p>[945]</p> <p>99.8%</p> <p>(0)</p>	<p>DH</p> <p>833</p> <p>[830]</p> <p>99.6%</p> <p>(0)</p>	



## HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	<p>All qualifying patients in SET beds.</p> <p>Main reason for delay is patient awaiting transport from friends, family or ambulance service.</p> <p>n = Non-complex discharges (n) = breaches</p>	81.6%	79.6%	71.7%	
			2219	2232	2309	
			(408)	(455)	(422)	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>% = % treated within 48 hours.</p> <p>n = number of fractures (n) = number &lt; 48 hours [n] = number &gt;48 hours</p>	56%	89%	91%	
			34	36	33	
			(19)	(32)	(30)	
			[15]	[4]	[3]	

## HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Other Operative Fractures	<p>95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.</p> <p>No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)</p>	<p>% is performance against 48 hour target.</p> <p>n = number of fractures</p> <p>(n) = number &lt; 48 hours</p> <p>[n] = number &gt;48 hours</p> <p>{n} = number &gt; 7days</p>	76%	96%	60%	<p><b>Other Fractures</b></p>
			45	26	30	
			(34)	(25)	(18)	
			[11]	[1]	[12]	
			{1}	{0}	{1}	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis.	<p>% = % treated with thrombolysis</p> <p>n = number treated with thrombolysis</p> <p>(n) = number confirmed Ischaemic strokes</p>	18.8%	22.2%	31.3%	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.
			6	6	10	
			(32)	(27)	(32)	
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.	<p>There were 87 SET CBYL referrals received during October 2020.</p> <p>% = percentage compliance</p> <p>(n) = number of people who presented with self-harm</p> <p>[n] = number of breaches</p>	100%	100%	100%	
			(103)	(89)	(87)	
			[0]	[0]	[0]	

## HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	<p>% = % who began treatment within 62 days</p> <p>n = number of patients seen</p> <p>(n) = breaches</p> <p>In October 70 patients were seen.</p> <p>There were 27 breaches involving 41 patients, of whom 14 were shared</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Sep was 63%, 59.5 seen (22), now 64%, 66 seen (24)</p> <p>Aug was 51%, 81.5 seen (40), now 52%, 83.5 seen (40)</p>	53%	63%	61%	<p>62 Day Target Target Line</p>
			72.5	59.5	70	
			(34)	(22)	(27)	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	<p>% = % referrals seen within 14 days</p> <p>[n] = number of referrals received</p> <p>n = number of completed referrals</p> <p>(n) = breaches</p> <p>{n} = longest wait in days</p>	100%	100%	88.7%	
			[208]	[287]	[365]	
			218	262	256	
			(0)	(0)	(29)	
			{14}	{14}	{24}	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	<p>% = % who began treatment within 31 days</p> <p>n = number of patients</p> <p>(n) = breaches</p>	93%	98%	97%	
			111	102	105	
			(8)	(2)	(3)	

## HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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	32.4%	4.4%	2.5%	Target - reduce number hospital cancellations by 20%. Target 1604 or less per month.
			1354	1916	1953	
			(-250)	(312)	(349)	
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				Now reported quarterly No figures due to change in team reporting.

**PRIMARY CARE AND OLDER PEOPLE SERVICES**

# PRIMARY CARE AND OLDER PEOPLES SERVICES

## Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Allied Health Professions waits	All < 13 weeks	88.8%	91.7%	90.5%	92.2%	93.6%	93.4%	80.4%	56.2%	45.4%	53.9%	61.5%	66.0%	71.7%
Complex Discharges	Min. 90% <48hrs (SET TOR)	73.8%	76.3%	80.7%	73.6%	77.4%	72.4%	81.3%	74.2%	72.8%	80.3%	76.6%	74.4%	73.3%
	Min. 90% <48hrs (SET in SET beds)	79.0%	77.6%	79.4%	72.2%	77.2%	73.9%	83.3%	73.6%	71.0%	79.5%	72.4%	69.5%	69.1%
	Min. 90% <48hrs (All in SET beds)	77.8%	76.9%	76.1%	68.8%	75.5%	67.4%	77.1%	63.9%	66.8%	73.6%	65.3%	59.0%	62.8%
	Number complex discharges	553	533	502	516	440	402	240	277	307	363	268	324	336
	ALL <7days	95.7%	93.2%	93.0%	89.9%	94.5%	91.3%	94.2%	93.5%	92.2%	95.0%	93.7%	89.8%	91.1%
	SET and Other TOR	93.1%	93.9%	94.3%	91.7%	95.3%	93.1%	94.2%	94.4%	92.2%	97.8%	95.4%	93.6%	94.4%
	Belfast TOR	94.7%	91.1%	89.1%	83.0%	91.4%	85.4%	94.3%	91.3%	92.1%	87.2%	88.9%	80.7%	83.5%
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 3 754 (cum 2096)			Quarter 4 699 (cum 2795)			Quarter 1 456			Reported Quarterly in Arrears			
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	89%	84%	84%	88%	85%	80%	88%	87%	91%	91%	87%	90%	92%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	47.5% (338)	46.0% (352)	45.6% (366)	37.8% (432)	33.3% (489)		18.5% (595)	19.3% (586)	20.7% (557)	27.0% (530)	27.0% (570)	28.9% (629)	25.2% (675)
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	4346	4398	4496	4407	4177	4286	4431	4439					
Carers Assessments	10% increase in number of Carers Assessments offered  Baseline = 1917 Target = 2109	Quarter 3 460 (cum 1289)			Quarter 4 257 (cum 1546)			Quarter 1 192			Quarter 2 276 (cum 468)			
Direct Payments	By March 2018, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	173	178	179	182	182	186	188	184	189	194	193	196	202
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 3 43, 727 Hours (cum 177, 017.5 Hours)			Quarter 4 50 033 Hours (cum 227050.5 hours)			Quarter 1 44 626 Hours						

## PRIMARY CARE AND OLDER PEOPLES SERVICES

### Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	
Assess and Treat Older People	Main components of care needs met <8 weeks	100%	97.7%	97.1%	100%	97%	97%	94.2%	100%	98%	100%	99%	100%	97.7%	
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches	85.5% (16)	85.2% (17)	81.4% (18)	76.2% (20)	65% (28)	77.4% (21)								
Orthopaedic ICATS	By March 2018, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks. (n) = breaches	<9 wks	72.2% (499)	82.7% (279)	85.6% (206)	66.6% (548)	74.6% (395)	78.5% (290)	54.4% (412)	49.2% (240)	85.6% (67)	78.9% (146)	70.0% (285)	72.4% (293)	64.3% (452)
		<52wks	100% (0)	99.9% (1)	99.9% (1)	85.3% (241)	99.8% (3)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)

### Directorate KPIs & SQE Indicators

Service Area	Indicator	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	45%	61%	44%	47%	38%	52%	53%	42%	48%	22%	42%	50%	42%

### Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	3	9	11	10	12	11	7	2	4	3	4	4	12
	What % were responded to within the 20 day target? (target 65%)	33%	33%	55%	20%	50%	45%	14%	0%	75%	0%	50%	100%	33%
	How many were outside the 20 day target?	2	6	5	8	6	6	3	4	1	3	2	0	8
Freedom of Information Requests	How many FOI requests were received this month?	1	3	0	0	3	3	0	1	1	6	2	4	1
	What % were responded to within the 20 day target? (target 100%)	0%	100%	n/a	n/a	100%	33%	n/a	100%	0%	33%	100%	50%	100%
	How many were outside the 20 day target?	1	0	0	0	0	2	0	0	1	4	0	2	0

## PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																
			AUG	SEPT	OCT																																	
<b>AHP Waits</b>	No patient to wait longer than 13 weeks from referral to commencement of treatment	<p>At 31<sup>st</sup> October 2020 of 8978 patients on the AHP waiting list, 2541 are waiting longer than 13 weeks.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <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>3413</td> <td>533</td> <td style="text-align: center;">84.4%</td> </tr> <tr> <td>OT</td> <td>2101</td> <td>1015</td> <td style="text-align: center;">51.7%</td> </tr> <tr> <td>Orthoptics</td> <td>368</td> <td>30</td> <td style="text-align: center;">91.8%</td> </tr> <tr> <td>Podiatry</td> <td>830</td> <td>197</td> <td style="text-align: center;">76.3%</td> </tr> <tr> <td>Adults S&amp;LT</td> <td>909</td> <td>517</td> <td style="text-align: center;">43.1%</td> </tr> <tr> <td>Childrens S&amp;LT</td> <td>365</td> <td>46</td> <td style="text-align: center;">87.4%</td> </tr> <tr> <td>Dietetics</td> <td>992</td> <td>203</td> <td style="text-align: center;">79.5%</td> </tr> </tbody> </table> <p style="text-align: center;">[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >13 wks	Compliance	Physio	3413	533	84.4%	OT	2101	1015	51.7%	Orthoptics	368	30	91.8%	Podiatry	830	197	76.3%	Adults S&LT	909	517	43.1%	Childrens S&LT	365	46	87.4%	Dietetics	992	203	79.5%	<b>61.5%</b> <b>[8878]</b> <b>(3419)</b>	<b>66.0%</b> <b>[9026]</b> <b>(3072)</b>	<b>71.7%</b> <b>[8978]</b> <b>(2541)</b>	<p style="text-align: center; font-size: small;"> <span style="color: teal;">█</span> 13 Week    <span style="color: red;">█</span> Target Line         </p>
		Service	No on W/L	Waiting >13 wks	Compliance																																	
Physio	3413	533	84.4%																																			
OT	2101	1015	51.7%																																			
Orthoptics	368	30	91.8%																																			
Podiatry	830	197	76.3%																																			
Adults S&LT	909	517	43.1%																																			
Childrens S&LT	365	46	87.4%																																			
Dietetics	992	203	79.5%																																			
<b>Complex Discharges</b>	90% of complex discharges should take place within 48 hours.	<p>All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB PMSID).</p> <p>(n) = 48 hr breaches</p> <p>Revisions post validation:-            Aug was 76.2% (67) now 76.6% (66)            Sept was 74.1% (90) now 74.4% (90)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> <li>Awaiting Assessment/Acceptance to Care Homes (36)</li> <li>No Domiciliary Care Package Available (34)</li> </ul>	<b>76.6%</b> <b>(66)</b>	<b>74.4%</b> <b>(90)</b>	<b>73.3%</b> <b>(93)</b>	<p style="text-align: center; font-size: small;"> <span style="color: teal;">█</span> SET Resident    <span style="color: cyan;">█</span> All in SET Beds  <span style="color: red;">█</span> Target Line         </p>																																



## PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	90% of complex discharges should take place within 48 hours.	<p>All qualifying patients (any Trust of Residence) in SET beds.</p> <p>(n) = complex discharges.</p> <p>Revisions post validation:- Aug by TOR was SET 50, BT 39, NT 3, ST 1 now SET 49 BT 40 NT 3 ST 1 Sep by TOR was SET 70, BT 61, NT 2 now SET 69 BT 62 NT 2</p>	65.3%	59.0%	62.8%	
			(268)	(324)	(336)	
			>48 hrs By Trust of res	>48 hrs By Trust of res	>48 hrs By Trust of res	
Complex Discharges	90% of complex discharges should take place within 48 hours.	<p>All qualifying SET (and Other) patients in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 48hrs.</p> <p>Revisions post validation:- Aug was 72.4% 196 (54) now 72.8% 195 (53) Sept was 69.5% 236 (72) now 69.7% 234 (71)</p>	72.4%	69.5%	69.1%	
			196	236	233	
			(54)	(72)	(72)	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying patients (any Trust of Residence) in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:- Sep TOR was SET 15, BT 17, NT 1 now SET 14 BT 18 NT 1</p>	93.7%	89.8%	91.1%	<p>Legend: SET Residents (Teal bar), Target Line (Red line)</p>
			268	324	336	
			(17)	(33)	(30)	
			SET 8 BT 8 NT 1	SET 14 BT 18 NT 1	SET 13 BT 17	

## PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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:- Sep was 93.2% 236 (16) now 93.6% 234 (15)	95.4%	93.6%	94.4%	
			195	234	233	
			(9)	(15)	(13)	
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:- Sep was 80.7% 88 (17) now 80.0% 90 (18)	88.9%	80.0%	83.5%	
			72	90	103	
			(8)	(18)	(17)	

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	
Unplanned Admissions	By March 2018 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825  17/18 Target = 2684  <b>Reported Quarterly in arrears.</b>	704	638	754	699	456	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke
			(cum 704)	(cum 1342)	(cum 2096)	(cum 2795)	(cum 456)	

## PRIMARY CARE AND OLDER PEOPLES SERVICES

Service Area	Target	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	89%	84%	84%	88%	85%	80%	88%	87%	91%	91%	87%	90%	92%
	Total Number of Urgent Calls	1204	1623	1770	1367	1403	1480	672	909	607	672	887	874	866
	Urgent Calls within 20 minutes	1071	1367	1494	1202	1154	1181	591	805	553	614	775	783	792
	100% of less urgent calls triaged within 1 hour	66%	54%	54%	73%	64%	58%	83%	79%	89%	87%	79%	81%	92%
	Total Number of Routine Calls	5648	6500	7149	5932	6332	7389	4679	5947	4234	4878	5623	5065	5233
	Routine calls within 1 hour	3724	3506	3831	4316	4026	4260	3877	4714	3748	4254	4461	4109	4794

# **ADULT SERVICES**

## ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	115	106	94	82	86	87	87	92					
Adult MH Services waits	All < 9 weeks	100%	98.9%	93%	91.3%	85.6%	82.2%	80%	88.4%	90%	100%	99.5%	100%	100%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 3 57 (cum 183)			Quarter 4 275 (cum 332)			Quarter 1 81			Quarter 2 116 (cum 197)			
Discharge and Follow-up	99% < 7days of decision to discharge	92.3%	94.2%	91.5%	85.2%	89.1%	87.0%	77%	86%	85%	89%	82%	85%	83.6%
	All < 28 days (no. Breaches)	5	3	4	9	6	9	8	7	7	6	9	8	10
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

### Adult Services Directorate – Mental Health Services - Directorate KPIs

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

## ADULT SERVICES – MENTAL HEALTH SERVICES

### Adult Services Directorate – Corporate Issues

Service Area	Indicator	SEPT 19	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	5	11	6	8	13	5	6	1	6	4	10	8
	What % were responded to within the 20 day target? (target 65%)	67%	20%	45%	50%	63%	69%	60%	67%	0%	50%	50%	50%	63%
	How many were outside the 20 day target?	2	4	6	3	3	4	2	1	1	3	2	5	3
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	0	4	1	2	3	2	2	1	4	4	1	2	2
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	100%	100%	100%	0%	0%	100%	50%	0%	100%	100%	50%
	How many were outside the 20 day target?	0	0	0	0	0	2	0	0	2	4	0	0	1

## ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND	
			AUG	SEPT	OCT		
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	99.5%	100%	100%		
			430	471	547		
			[0]	[0]	[0]		
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 56 SET discharges in October 2020	82%	85%	83.6%		
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	In October 2020 there were 10 delayed discharges	9	8	10		8 Patients – Down MHIPU (1 Patient is SHSCT) 1 Patient – Ward 27 UHD 1 Patient – Ward 12 LVH 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 56 SET discharges in October. 43 people were offered 7 day follow up. 8 Patients were forwarded to other Trusts. 1 Patient was outside NI.	100%	100%	100%		4 BHSCT. 4 SHSCT. 1 Patient was Outside Northern Ireland. 1 Patient did not attend. 1 Patient cancelled appointment. 1 Patient declined appointment.

## ADULT SERVICES – DISABILITY SERVICES

### Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
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	7	7	7	6	6	6	5	5	5	5	4	4	4
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	3	3	3	3	3	3	3	3	3	3	3	3	3
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	1917	2095	2057	2023	1590	1783	1770	1775					
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	869	887	890	897	897	916	924	922	928	934	939	956	976

### Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	71%	100%	100%	100%



## ADULT SERVICES – DISABILITY SERVICES

### Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
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	284	292	293	295	295	302	275	273	273	273	273	279	284
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	391	395	395	396	396	404	437	441	442	444	449	458	467
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	0 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)	0 (cum 2)	0	0	0	0	0	0	0
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	94%	90%	98%	100%	100%	100%	100%	100%	100%	100%	100%	97.5%	

		Quarter 2 (19/20)	Quarter 3 (19/20)	Quarter 4 (19/20)	Quarter 1 (20/21)	Quarter 2 (20/21)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 534 Target: 267 (67 per quarter)	81 (cum 161)	71 (cum 232)	70 (cum 302)	19	75 (cum 94)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	42 (cum 98)	53 (cum 151)	43 (cum 194)	47	65 (cum 112)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	33 (cum 61)	39 (cum 100)	58 (cum 158)	80	60 (cum 140)
	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, 911 hrs / quarter)	LD: 65137.4 Hours (cum 91979 Hrs) PD: 25709 hours (cum 47342Hrs)	LD: 23, 034.8 Hrs (cum: 115013.8Hrs) PD: 24, 732 Hrs (Cum: 72 074Hrs)	LD:23, 223.5Hrs (cum 138237.3 Hrs) PD: 23, 402 hrs (cum 95 476 Hrs)	LD: 15309.9 Hours PD: 20580 Hours	
	Achieve minimum 88% internal environment cleanliness target.	95%	93%	94%	No audits in Q1	94%

## ADULT SERVICES – DISABILITY SERVICES

### Adult Services Directorate – Corporate Issues

Service Area	Indicator	SEPT 19	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	5	11	6	8	13	5	6	1	6	4	10	8
	What % were responded to within the 20 day target? (target 65%)	67%	20%	45%	50%	63%	69%	60%	67%	0%	50%	50%	50%	63%
	How many were outside the 20 day target?	2	4	6	3	3	4	2	5	1	3	2	5	3
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	0	0	0	0	2	0	0	0	0	0	0	0	2
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	n/a	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0%
	How many were outside the 20 day target?	0	0	0	0	0	0	0	0	0	0	0	0	2

## ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			AUG	SEPT	OCT																												
Discharge	Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.	All patients discharged within the target time during October.	100%	100%	100%																												
	No discharge taking longer than 28 days.	The Trust currently has 5 people awaiting discharge.  n = number awaiting discharge (n) = breaches	4 (4)	4 (4)	5 (4)	<b>Muckamore:-</b> <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> </tr> </thead> <tbody> <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>1</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>0</td> <td>0</td> </tr> <tr> <td>&gt;365</td> <td>3</td> <td>4</td> <td>4</td> </tr> <tr> <td><b>Total</b></td> <td><b>4</b></td> <td><b>4</b></td> <td><b>5</b></td> </tr> </tbody> </table>	Delay in days	Aug	Sept	Oct	0-7	0	0	0	8-28	0	0	1	29-90	0	0	0	91-365	1	0	0	>365	3	4	4	<b>Total</b>	<b>4</b>	<b>4</b>
Delay in days	Aug	Sept	Oct																														
0-7	0	0	0																														
8-28	0	0	1																														
29-90	0	0	0																														
91-365	1	0	0																														
>365	3	4	4																														
<b>Total</b>	<b>4</b>	<b>4</b>	<b>5</b>																														
Resettlement	By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.	Three patients remain to be resettled.	3 people remain to be resettled	3 people remain to be resettled	3 people remain to be resettled																												
Self Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Physical Disability																															
		Learning Disability																															

## ADULT SERVICES – PRISON HEALTHCARE SERVICES

### Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	99.1% (2)	95.3% (9)	99.6% (1)	100% (0)	99.9% (1)	98.4% (4)	95.7% (12)	99.5% (1)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	99.7% (1)	99.7% (1)	98.9% (3)	98.8% (4)	99.9% (2)	99.1% (2)	99.5% (1)	99.2% (2)	98.4% (4)	99.8% (7)	97.9% (5)	96.7% (9)	97.8% (5)
Inter-prison transfer	All prisoners to receive a “Transfer Health Screen” by Prison Healthcare Staff on the day of arrival.	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Addictions Services	No patient living in prison with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	48%	68%	61%	54%	99.3%	68%	50%	37.5%	67%	46%	53%	38.5%	40%

## ADULT SERVICES – PRISON HEALTHCARE SERVICES

### Adult Services Directorate – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	5	11	6	8	13	5	6	1	6	4	10	8
	What % were responded to within the 20 day target? (target 65%)	67%	20%	45%	50%	63%	69%	60%	67%	0%	50%	50%	50%	63%
	How many were outside the 20 day target?	2	4	6	3	3	4	2	5	1	3	2	5	3
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	1	0	0	0	2	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	100%	n/a	n/a	n/a	100%	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	0	0	0	0	0	0	0	0	0	0	0

## ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																						
			AUG	SEPT	OCT																							
<b>Committal</b>	All prisoners to be subject to a healthcare / keepsafe assessment to determine immediate health concerns on the day of first reception, and before spending their first night in prison, to include an assessment of the risk of suicide/ self-harm.	% = 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.	98.4%	95.7%	99.5%	<u>Oct (Maghaberry)</u> 1 – Patient aggressive/delayed																						
	All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.	% = performance n = total committals (n) = breaches  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Aug</th> <th>Sep</th> <th>Oct</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center;">Maghaberry</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">255</td> <td style="text-align: center;">235</td> <td style="text-align: center;">188</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">2</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">44</td> <td style="text-align: center;">38</td> <td style="text-align: center;">38</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>			Aug	Sep	Oct	Maghaberry	Committals	255	235	188	Breaches	6	7	2	Hydebank	Committals	44	38	38	Breaches	1	2	3	97.9%	96.7%	97.8%
		Aug	Sep	Oct																								
Maghaberry	Committals	255	235	188																								
	Breaches	6	7	2																								
Hydebank	Committals	44	38	38																								
	Breaches	1	2	3																								
<b>Inter-Prison Transfers</b>	On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.	% = performance n = total transfers (n) = breaches	100%	100%	100%																							
<b>Emergency Care</b>	In an emergency, prisoners will be seen by Prison Healthcare staff within an hour. <i>Emergencies are defined as "Code Blue" or "Code Red" calls for assistance.</i>	% = performance n = total emergencies (n) = breaches	100%	100%	100%																							

**ADULT SERVICES – PRISON HEALTHCARE SERVICES**

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
<b>Addictions Services</b>	No patient living in prison with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	<p>% = Compliance</p> <p>(n) = number of patients living in prison with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team.</p> <p>[n] = number of patients living in prison waiting &gt;9wks for appointment</p>	<p><b>53%</b></p> <p><b>15</b></p> <p><b>(8)</b></p>	<p><b>38.5%</b></p> <p><b>13</b></p> <p><b>(8)</b></p>	<p><b>40%</b></p> <p><b>10</b></p> <p><b>(6)</b></p>	

## ADULT SERVICES – PSYCHOLOGY

### Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Psychological Therapies waits	All < 13 weeks	32.1%	35.0%	31.1%	31.1%	29.2%	29.6%	37.7%	23.5%	21.3%	18.3%	21%	21.4%	22.2%

### Adult Services Directorate – Clinical Psychology Services – KPIs

	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Direct Contacts (cum)	2431 (15605)	2256 (17861)	1615 (19476)	2123 (21599)	2073 (23672)	2293 (25965)	2231	2286 (4517)	2535 (7052)	2172 (9224)	2059 (11283)	2356 (13639)	2320 (15959)
Consultations (cum)	108 (808)	92 (900)	116 (1016)	113 (1129)	138 (1267)	153 (1420)	88	102 (190)	103 (293)	101 (394)	116 (510)	94 (604)	90 (694)
Supervision - Hours (cum)	148 (1153)	183 (1336)	148 (1484)	150 (1634)	116 (1750)	131 (1881)	124	140 (264)	133 (397)	127 (524)	128 (652)	119 (771)	116 (887)
Staff training - Hours (cum)	41 (770)	84 (854)	101 (955)	108 (1063)	102 (1165)	110 (1275)	6.5	10 (16.5)	5 (21.5)	5 (26.5)	18 (44.5)	23 (67.5)	35.5 (103)
Staff training - Participants (cum)	173 (1788)	346 (2134)	258 (2392)	343 (2735)	375 (3110)	184 (3294)	17	48 (65)	11 (76)	37 (113)	36 (149)	26 (175)	61 (236)

### Adult Services Directorate – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	6	5	11	6	8	13	5	6	1	6	4	10	8
	What % were responded to within the 20 day target? (target 65%)	67%	20%	45%	50%	63%	69%	60%	67%	0%	50%	50%	50%	63%
	How many were outside the 20 day target?	2	4	6	3	3	4	2	5	1	3	2	5	3



## ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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	21%	21.4%	22.2%	
			(1315)	(1385)	(1354)	
			[1039]	[1088]	[1053]	
		<b>Breaches</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>Longest Wait (days)</b>
		Adult Mental Health	643	687	643	687
		Older People	39	39	43	431
		Adult Learn Dis	47	49	56	360
		Children's Learn Dis	18	21	13	242
		Adult Health Psych	229	233	246	561
Children's Psych	63	59	52	451		
	<b>Total</b>	<b>1039</b>	<b>1088</b>	<b>1053</b>		

**CHILDREN'S SERVICES**

# CHILDREN'S SERVICES

## Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	OCT 19	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
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% (1)	100% (4)	100% (3)	100% (7)	100% (1)	100% (3)	100% (2)	100% (4)	100% (6)	100% (3)	100% (7)	100% (3)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)			
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	96.8% (1)	100% (0)	100% (0)	100% (0)	100% (0)	97.7% (1)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100% (0)	100% (0)	95.9% (2)	84.1% (13)	94.1% (4)	96.6% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	85.7% (2)	80% (3)	92.9% (1)	85.7% (2)	81.3% (3)	82.4% (3)	77.3% (5)	84.6% (2)	94.7% (1)	100% (0)	86.7% (2)	91.7% (2)	100% (0)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	90.4% (17)	85.4% (28)	82.3% (22)	94.9% (10)	92.7% (13)	93.6% (11)	67.6% (34)	90.3% (9)	100% (0)	97.5% (3)	95% (7)	95.3% (9)	99.4% (1)
	All Family support initial assessment completed <10 days of allocation	29.7% (15)	29.4% (18)	22.5% (11)	25.2% (9)	34.3% (9)	21.4% (11)	20.2% (10)	34.5% (12)	50% (22)	37.6% (25)	39.1% (8)	41.1% (23)	46.7% (9)
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	57.1% (15)	41.9% (18)	45% (11)	60.9% (9)	52.6% (9)	50% (11)	47.4% (10)	65.7% (12)	45% (22)	34.2% (25)	83.3% (8)	34.3% (23)	77.5% (9)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	86% (8)	37% (22)	11% (51)	8.9% (41)	9.1% (20)	100% (0)	100% (0)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	Quarter 3 24 (cum 129)			Quarter 4 10 (cum 139)			Quarter 1 38			Quarter 2 24 (cum 62)			
Unallocated cases	Total number of unallocated cases <b>over 20 days</b> in Children's Services	114	162	207	181	210	206	197	220	182	200	220	194	192*
Unallocated cases	Total number of unallocated cases <b>over 30 days</b> in Children's Services	93	132	171	137	144	184	183	196	171	189	197	171	173*

## CHILDREN'S SERVICES

### Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Fostering	Number of Mainstream Foster Carers	382	390	390	392	389	383	387	390	388	395	393	393	399
	Number of children with Independent Foster Carers	72	73	72	73	74	77	77	77	78	74	74	73	75
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	94%	94.8%	93.4%	91.4%	84.2%	77%	63.4%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 <sup>st</sup> , 2 <sup>nd</sup> and 5 <sup>th</sup> Birthdays) (Quarterly Reporting)	Quarter 3 88.2%			Quarter 4 87.6%			Quarter 1 87.1%			Quarter 2 87.6%			
	1 <sup>st</sup> time mothers are offered the recommended ante-natal visit by a Health Visitor (reporting is 2 mths in arrears)	98.5%	98.4%	97.6%	95.8%	94.8%	96.8%	93.3%	94.6%	94.4%	95.8%	94.6%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	241	262	301	293	326	282	227	268	229	229	276	284	239*
	Family Centre Waiting List at month end	32	24	23	16	20								
Care Leavers	At least 75% aged 19 in education, training or employment	76%	75%	75%	76%	76%	67%	70%	70%	73%	74%	74%	74%	76%

### Children's Services - Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 20	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	7	15	11	3	5	6	3	2	1	3	5	5	9
	What % were responded to within the 20 day target? (target 65%)	57%	27%	36%	33%	0%	17%	0%	0%	100%	33%	20%	20%	11%
	How many were outside the 20 day target?	3	11	7	2	5	5	3	2	0	2	4	4	8
Freedom of Information Requests	How many FOI requests were received this month?	5	1	3	3	2	3	3	1	0	2	0	1	4
	What % were responded to within the 20 day target? (target 100%)	80%	0%	67%	33%	50%	0%	0%	0%	n/a	50%	n/a	100%	25%
	How many were outside the 20 day target?	1	1	1	2	1	0	0	0	0	0	1	0	0

## CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Children In Care	<p>All children admitted to residential care should, prior to admission:-</p> <p>(1) Have been the subject of a formal assessment to determine the need for residential care.</p> <p>(2) Have had their placement matched through the Children's Resource Panel Process.</p>	<p>% = % compliance</p> <p>(n) = No. of children admitted to care this month</p>	<p>100%</p> <p>(3)</p>	<p>100%</p> <p>(7)</p>	<p>100%</p> <p>(3)</p>	
	<p>For every child taken into care, a plan for permanency and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.</p>	<p>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</p> <p>% = % compliance</p> <p>(n)= number of children without permanency plan within 6 months.</p>				

## CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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% (30) [30]	97.7% (43) [42]	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% (40) [40]	100% (57) [57]	100% (52) [52]	
	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	86.7% (15) [13]	91.7% (24) [22]	100% (17) [17]	
	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% (13) [13]	100% (13) [13]	

## CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
	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	95% (139) [132]	95.3% (191) [182]	99.4% (181) [180]	
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	39.1% (30) [25]	41.1% (90) [37]	46.7% (122) [57]	
	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.	83.3% (30) [22]	34.3% (35) [12]	77.5% (40) [31]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 <sup>st</sup> October 2020, 48 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 71 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	100% < 13 wks (0)	<p>The chart displays monthly performance from October 2019 to October 2020. The y-axis represents the percentage of assessments completed within 13 weeks, ranging from 0 to 100. A red horizontal target line is set at 100%. All 12 monthly bars are teal and reach the 100% mark, indicating 100% compliance throughout the period.</p>

## CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																														
			AUG	SEPT	OCT																															
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 <sup>st</sup> October 2020 – 10 total waiters:-	<b>9.1%</b> <b>(20)</b>	100% (0)	100% (0)	<p style="font-size: small; text-align: center;">■ &lt;13 weeks from assessment to treatment</p>																														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>0 – 4 wks</td><td style="text-align: center;">0</td></tr> <tr><td>&gt;4 – 8 wks</td><td style="text-align: center;">10</td></tr> <tr><td>&gt;8 – 13 wks</td><td style="text-align: center;">0</td></tr> <tr><td>&gt; 13 wks</td><td style="text-align: center;">0</td></tr> <tr><td><b>Total</b></td><td style="text-align: center;"><b>10</b></td></tr> </table> <p>Longest wait = 51 Days</p> <p>% = compliance (n) = breaches</p>		0 – 4 wks					0	>4 – 8 wks	10	>8 – 13 wks	0	> 13 wks	0	<b>Total</b>	<b>10</b>																					
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Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31 <sup>st</sup> October 2020	220  (276)	194  (284)	192  (239)	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>Gateway</th> <th>Disability</th> <th>FIT</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>&lt; 1 wk</td> <td style="text-align: center;">19</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;"><b>19</b></td> </tr> <tr> <td>1-4 wks</td> <td style="text-align: center;">22</td> <td></td> <td style="text-align: center;">6</td> <td style="text-align: center;"><b>28</b></td> </tr> <tr> <td>4-8 wks</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">25</td> <td style="text-align: center;"><b>34</b></td> </tr> <tr> <td>&gt; 8 wks</td> <td style="text-align: center;">12</td> <td></td> <td style="text-align: center;">146</td> <td style="text-align: center;"><b>158</b></td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: center;"><b>62</b></td> <td style="text-align: center;">*</td> <td style="text-align: center;"><b>177</b></td> <td style="text-align: center;"><b>239</b></td> </tr> </tbody> </table>		Gateway	Disability	FIT	Total	< 1 wk	19		0	<b>19</b>	1-4 wks	22		6	<b>28</b>	4-8 wks	9		25	<b>34</b>	> 8 wks	12		146	<b>158</b>	<b>Total</b>	<b>62</b>	*	<b>177</b>	<b>239</b>
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# HEALTH & WELLBEING

## HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: <b><u>200 Individuals enrolled &amp; setting a quit date in the service by March 2019</u></b>	32	30			Previous figures for Q1 and Q2 included referrals to the service with totalled 1015 in 19/20  Q1 - Covid 19 resulted in decrease in referrals due to decrease in in-patient admissions
		Target: <b><u>60% Quit rate at 4 weeks</u></b> n = number quit at 4 wks % = Quit rate	17 53%	25 83%			
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: <b><u>120 setting a quit date</u></b> n = number enrolled	102 referrals 102 signposted to services 59 enrolled	40			Q1 = 125 Referrals into service Q2 = 127 Referrals into service
		Target: <b><u>60% Quit rate at 4 weeks</u></b> (n) = number enrolled n = number quit at 4 wks % = Quit rate	38 quit at 4 weeks = quit rate 66%	(40) 25 63%			

## HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500		88/543			No contact and virtual volunteer roles have been created to support during the pandemic. Q2 saw an average of 88 active no contact and virtual volunteer placements.
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	5	11			This figure is cumulative Recruitment figures are reduced due to the cessation of face to face volunteer roles.

**WORKFORCE AND EFFICIENCY**

## WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2021 demonstrate a 5% reduction on absenteeism from 2019-20. 2020/21 target assumed to be 6.44% (not yet confirmed).	2019-20 Year End absence was 6.78% (target 6.22%)  HR to work collaboratively with the operational Directorates to address absence figures.  Note: this does not include COVID related absence	6.8% (adj.)	6.63% (cum)			Q2: 2019-20 = 6.08% Q2: 2018-19 = 6.68% Q2: 2017-18 = 6.55% Q2: 2016-17 = 6.46%
Induction	By March 2021, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	Covid-19 has made it impossible to hold Corporate induction events so no staff were able to attend Induction during this quarter. Welcome events through Zoom commenced in July but it remains a challenge to deal with the backlog.	0%	25%			Q2: 2019-20 = 70% Q2: 2018-19 = 75% Q2: 2017-18 = 79% Q2: 2016-17 = 79%
Appraisal	Improve reported Appraisal uptake by 5% on previous year – i.e. 42% by end March 21.	40% appraisal uptake at Year-end 2019-20 (target 53.5%).  The pressures of Covid-19 have impacted on managers time available to complete appraisals.	42%	34%			Q2: 2019-20 = 44% Q2: 2018-19 = 43% Q2: 2017-18 = 47% Q2: 2016-17 = 45%
	By March 2021 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 99.9% appraisal uptake at Year-end 2019-20 (target 95%).	26%	32%			GMC had suspended appraisal due to COVID-19 but have just re-opened it.

## WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				TREND
			Q1	Q2	Q3	Q4	
Equality	To provide 'Working Well with Interpreters' training sessions for staff in LVH, UHD and Downpatrick during 2020-21. Three sessions in each location.	The Trust ensures that all staff who require a face-to-face interpreter have access to, and are competent to use, the Regional Interpreting Service.	0%	0%			The Trust had planned to arrange further sessions for the 2nd quarter of 2020-2021. However these were unable to be fulfilled due to the guidance with regard to postponement of staff training due to the impact of coronavirus. The Trust will set up further training sessions as appropriate.
	To ensure that all Trust policies and procedures are screened and reported on a quarterly basis through the intranet.	Policies and Procedures are Equality Screened by author with advice and guidance from Equality Team. Quarterly Screening Report available on Trust Website	100%	100%			QSR was published in October 2020.
Bank	By March 21 reduce Agency Usage within all Corporate Bank Users to 15% and increase Bank usage to 85%	Trust continues with its plan to have a Trust wide Corporate Bank and convert the areas with high agency usage to Bank	80.4% Bank 19.6% Agency	Cum 81.8% Bank 18.2% Agency			Cumulative improvement of 1.4% on Qtr. 1 end. MHIPU continues to experience high demand. Percentage excluding MHIPU and PHC stands at cumulative: Bank 83.1% / Agency 16.9%
	By March 21 to increase the Users of the Corporate Bank Service by 10%	The Corporate Bank aims to continue to increase its users	0%	0%			There has been no growth in Qtr2. CBO have started engagement and roll out of services into Social Work.

## WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				TREND
			Q1	Q2	Q3	Q4	
HRPTS	By end March 2021 all medical staffing recruitment to be processed through the eRecruitment system.	<p>There has been no further progress on evolving the use of HRPTS in Medicine &amp; Surgery recruitment. It has not been possible to meet targets; progress is awaiting the outcome of discussion at Director/AD level.</p> <p>Work to meet a 2020 target has been delayed with Covid 19. Further meetings to be arranged Sept / Oct 2020</p> <p>Discussions planned with Director Hospital Services / HR to continue Also to be progressed with AD's in Adult Services./Primary Care</p>	30%	30%			No increase in use of eRecruitment for Medical Staff in Q2
Staff Well-Being	To increase the number of staff engaging in health & wellbeing activities	<p>21 initiatives / programmes delivered in Q1</p> <p>All initiatives promoted on livewell site</p>	<p>2 programmes</p> <p>48 sessions</p> <p>290 participants</p>	<p>4 programmes via zoom</p> <p>66 sessions</p> <p>300 participants</p>			<p>Covid 19 – all group session stopped</p> <p>6 programmes delivered via Zoom</p> <p>114 sessions</p> <p>590 staff participated</p>
	To deliver & promote Staff Health Checks	This service is delivered by NI Chest Heart & stroke	No sessions delivered in Q1	No sessions delivered in Q2			Covid 19- no health checks completed

## WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2019/20				TREND
			Q1	Q2	Q3	Q4	
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31 <sup>st</sup> 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					