South Eastern Health and Social Care Trust

Paper No. SET/04/2022

Integrated Performance Management & Accountability Framework
Corporate Scorecard
December 2021

Contents

Introduction

This report presents the monthly performance against:

- Agreed population health and well-being outcome measures as outlined in the Draft Programme for Government (2016-21),
- Plan targets and indicators of performance drawn from the Health and Social Care Draft Commissioning Plan 2019/20

The report is divided into two sections:

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

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

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

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

Glossary of Terms

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

SECTION 1

SET OUTCOMES

Programme for Government Framework

PfG Outcome: We enjoy long, healthy, active lives

Indicators

PfG:

% population with GHQ12 scores >/= 4

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

% people who are satisfied with Health and Social Care

Preventable mortality

Healthy life expectancy at birth

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

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

DoH:

Improving the health of our people

Improving the quality and experience of healthcare

Ensuring the sustainability of our services

Supporting and empowering staff

Trust:

Reduce preventable deaths

Reduce unplanned Hospital admissions

Increase independent living

Decrease mood and anxiety prescriptions

Primary Measures

Recovery College

Emergency admissions rate

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

Improve mental wellbeing

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

SQE Performance

Make Contact Count

Health Promotion

Age Friendly Societies

Falls Prevention

Smoking Cessation

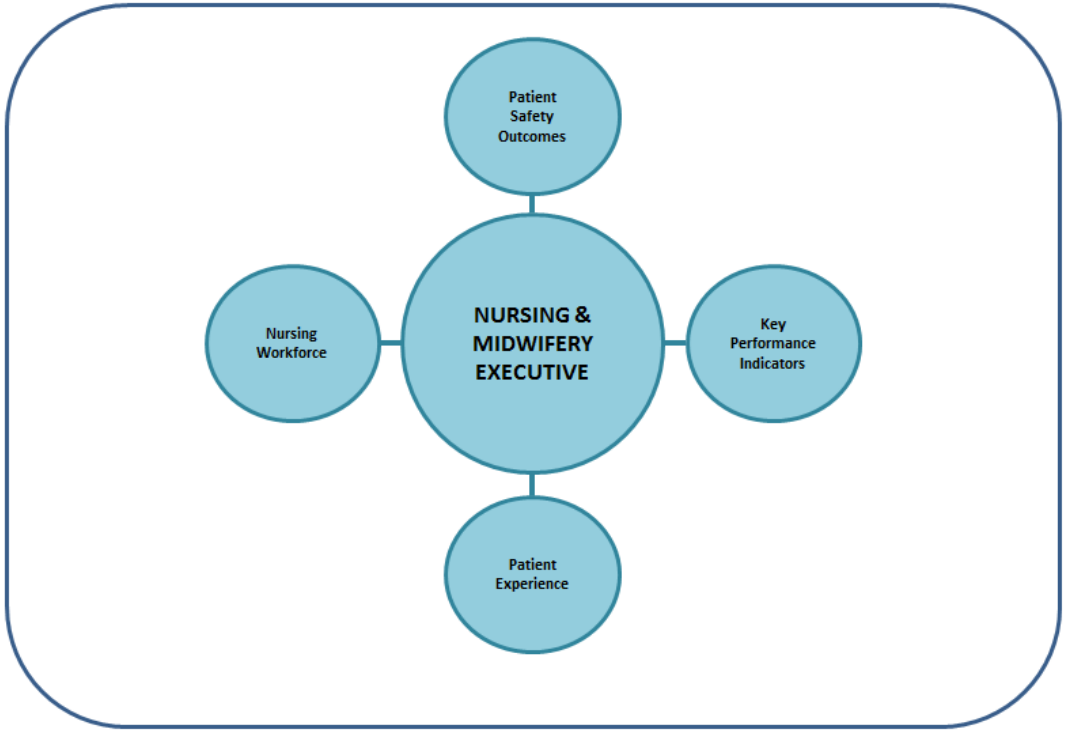
Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

South Eastern Health and Social Care Trust



Safe & Effective Care Scorecard January 2022

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.01.2022

SAFE & EFFECTIVE CARE SCORECARD

Introduction

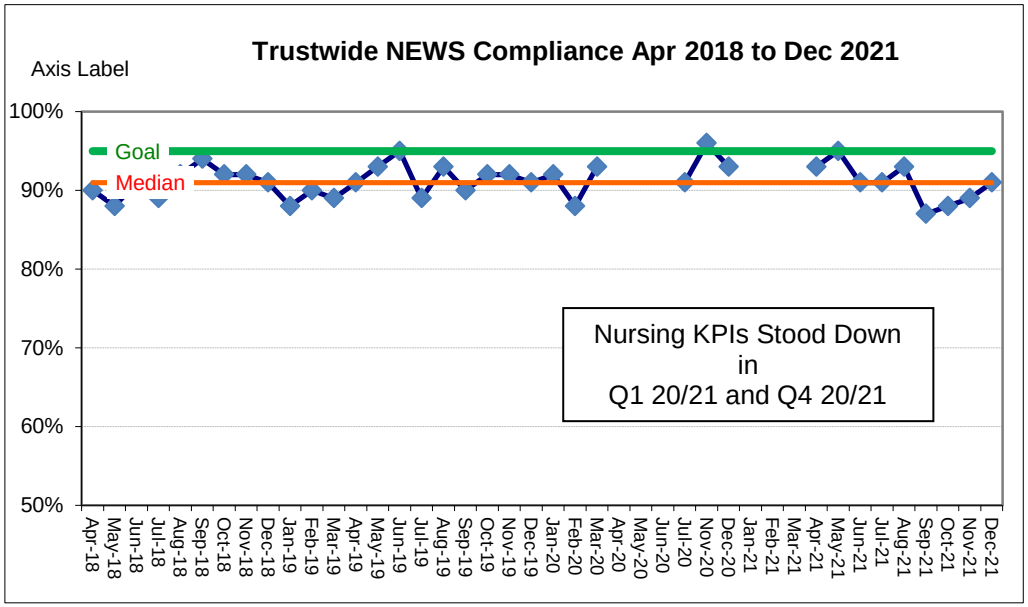
We all know that measurement is integral to improvement in healthcare but how do we know whether or not we have actually made a difference and if the care being delivered is getting better, staying the same or getting worse each year? What we do not always take into account is the variation in the way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

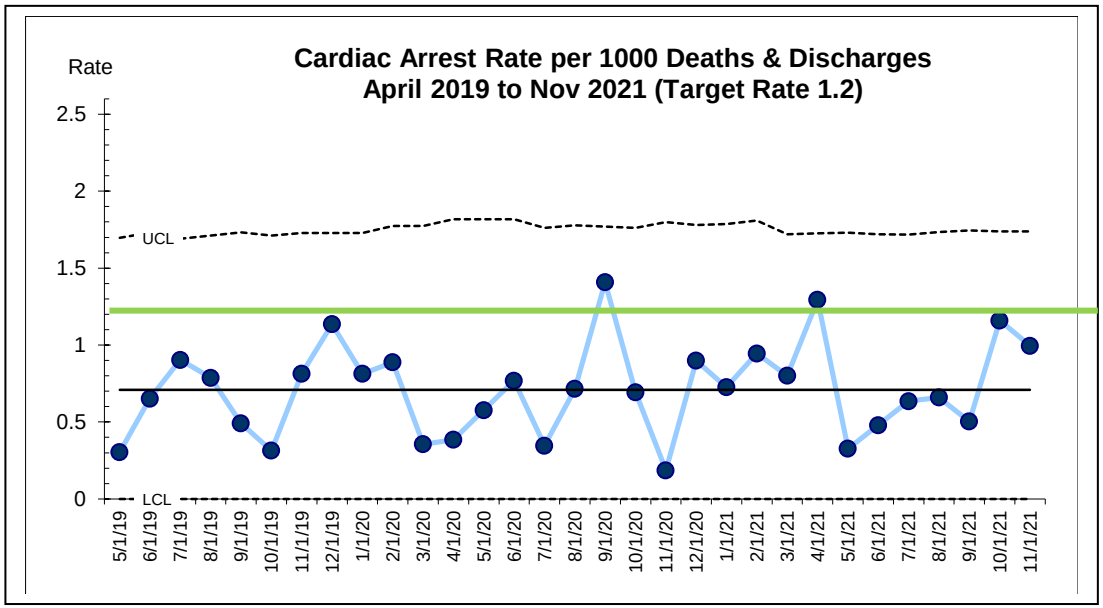
The scorecard details compliance of the regional commissioning KPIs as directed by the Public Health Agency each year. The results are displayed within run charts indicating a compliance score, the KPI target compliance and the average performance of the Trust.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.01.2022

TRUSTWIDE NEWS COMPLIANCE

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





OVERALL NEWS ACTION POINTS/UPDATE

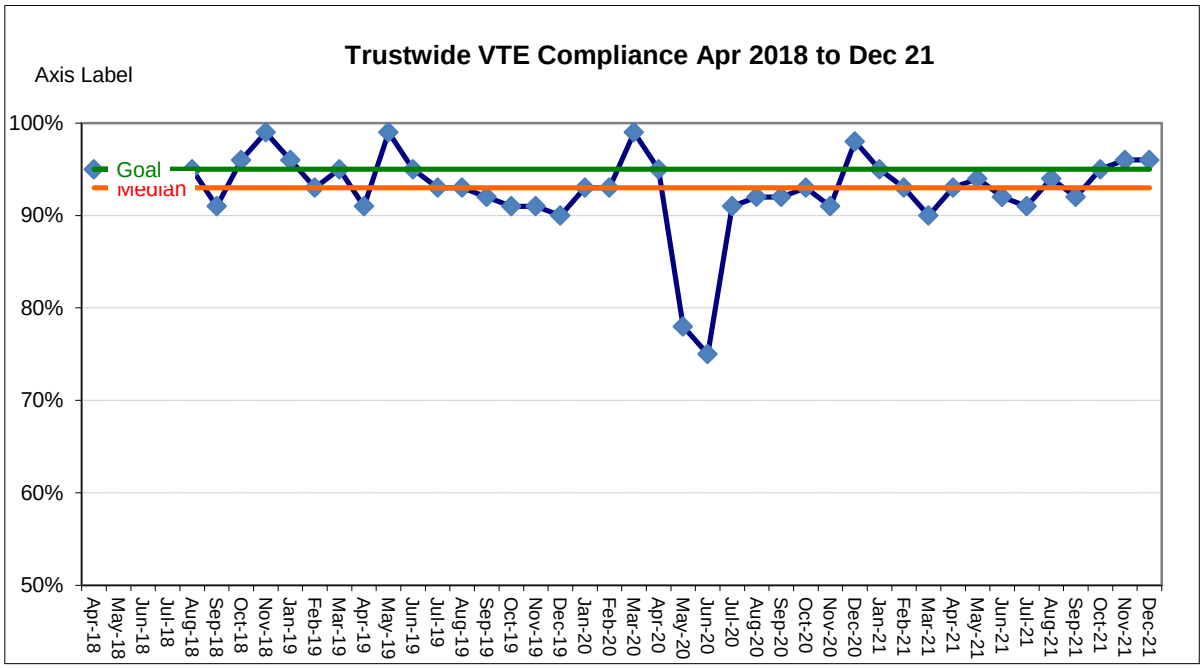
NEWS2

- Improvement work on the recording of the use of Scale 2 on eDAMS is to progress.
- Improvement work continues on the escalation process after recording a high NEWS2 score.
- The Deteriorating Patient Group will continue to focus on NEWS2, Cardiac Arrests and Sepsis in their improvement work.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.01.2022

TRUSTWIDE VTE COMPLIANCE

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



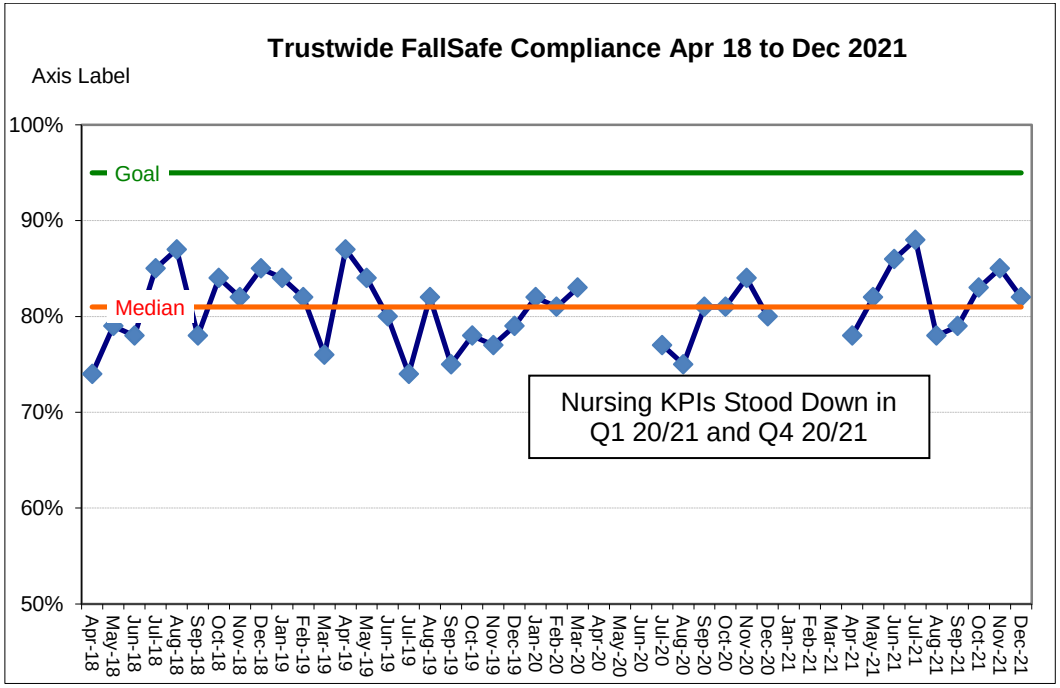
OVERALL VTE ACTION POINTS/UPDATE

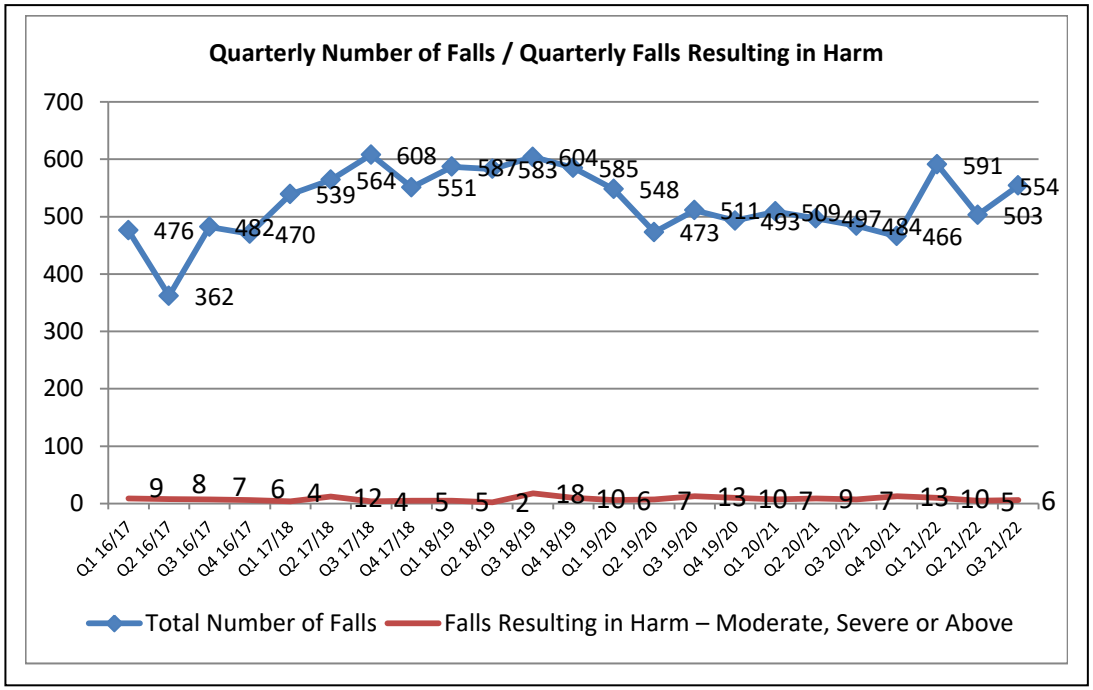
The PHA is aware that auditing of VTE Compliance will be carried out quarterly as agreed at the SQE Leadership Committee. Current overall compliance remains above the expected goal at 96%.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.01.2022

TRUSTWIDE FALLSAFE COMPLIANCE

Falls prevention requires a wide range of interventions and the FallSafe bundles aim to assist acute adult hospital wards to carefully assess patients' risk of falling. The bundles, as part of a quality improvement project introduce simple but effective, evidence-based measures that may reduce risk of falling by 20-30%. All patients are assessed for falls risk using Bundle A. Additionally, patients aged 50-64 years who are assessed to be at higher risk of falling because of an underlying condition are assessed using Bundle B.





OVERALL FALLSAFE ACTION POINTS/UPDATE

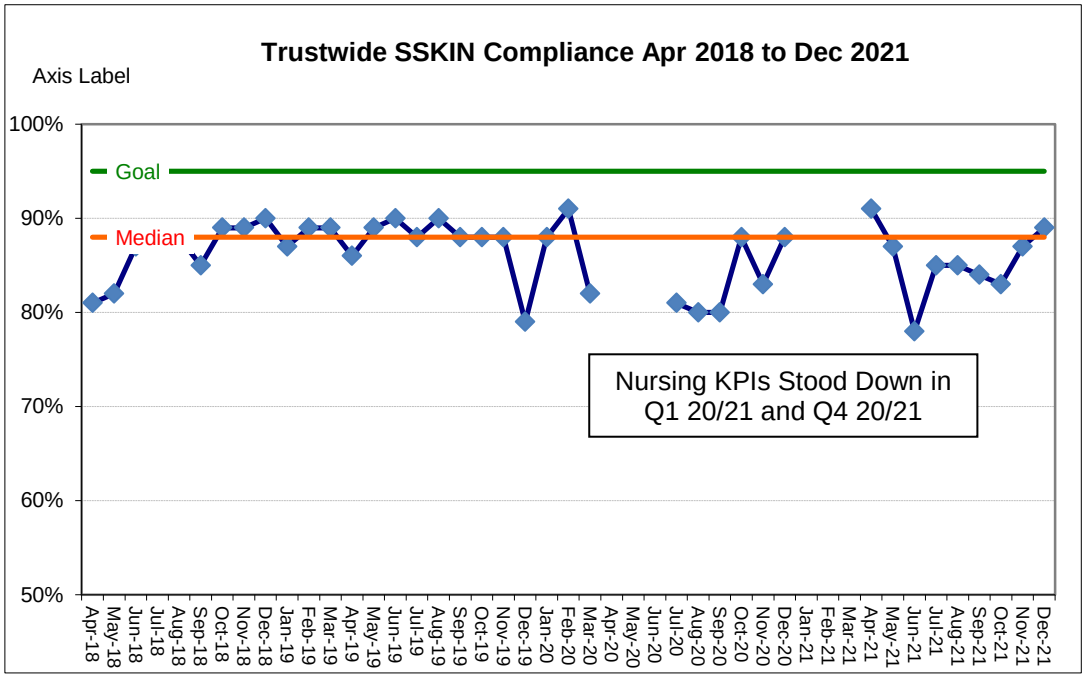
The Falls P&M Service is able to identify the areas where falls incidents are increasing via the Hospital Falls Dashboard created by the Risk Advisory Service. The service also identifies areas of compliance that require an address is via Qlikview. This primarily forms our direction of improvement work, alongside learning from incidents. Falls incidents have increased by 9% and FallSafe compliance has reduced in December.

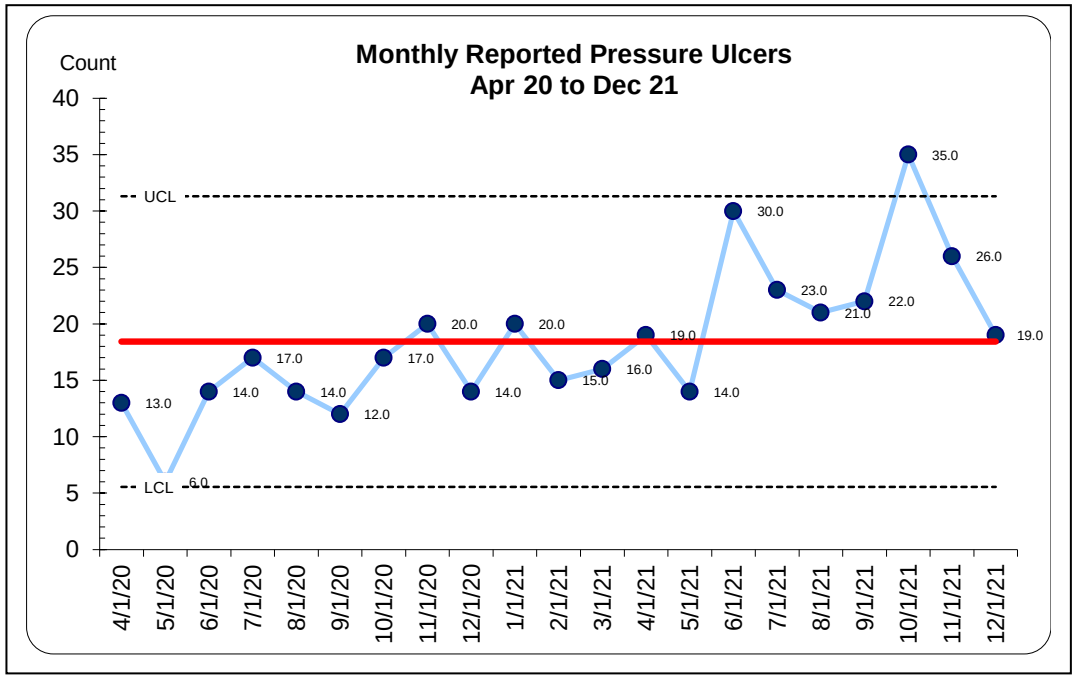
The elements for of the audit that result in below goal compliance continue to be L/S BP and urinalysis completion. Improvement work ongoing. Note: system adjustments unable to be completed on eDams which could significantly improve audit compliance. Please note: compliance may have been reached as a result of less than 10 records being audited.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.01.2022

TRUSTWIDE SSKIN COMPLIANCE

From April 2016 the Trust has measured the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were avoidable. Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days





OVERALL SSKIN ACTION POINTS/UPDATE:

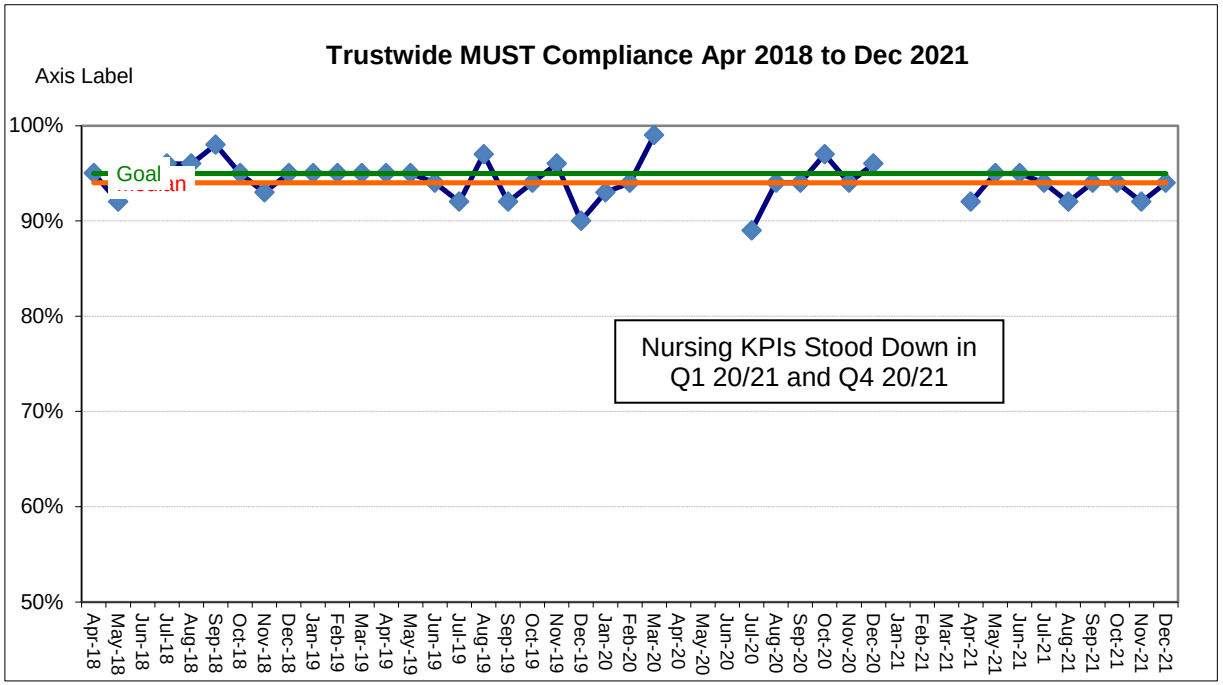
A total of 19 facility acquired pressure ulcers were identified in December, a reduction on the previous 2 months reporting. 2 Medical device related ulcers have been reported both relating to Anti-embolism stockings. The importance of checking skin when using medical devices continues to be highlighted at ward level and within Tissue Viability delivered training. The focus on documentation of pressure ulcer prevention and management during Stop the Pressure day in November, and the teams continued reinforcement of this throughout December, has seen an improvement in SSKIN Bundle completion this month, and the team will continue to reinforce this through formal and informal training.

Medicine = 10 (1x medical device related)
Surgery= 5 (1x Medical device related)
Unscheduled Care = 2
WACH =0
PCOP In-Patient = 0
Learning Disability / Mental Health in patient =2

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.01.2022

TRUSTWIDE MUST COMPLIANCE

Good nutrition is fundamental for health, healing and recovery from illness and injury. Nutritional screening is a first-line process of identifying patients who are already malnourished or at risk of becoming so and should be undertaken by the nurses on patient admission to hospital.



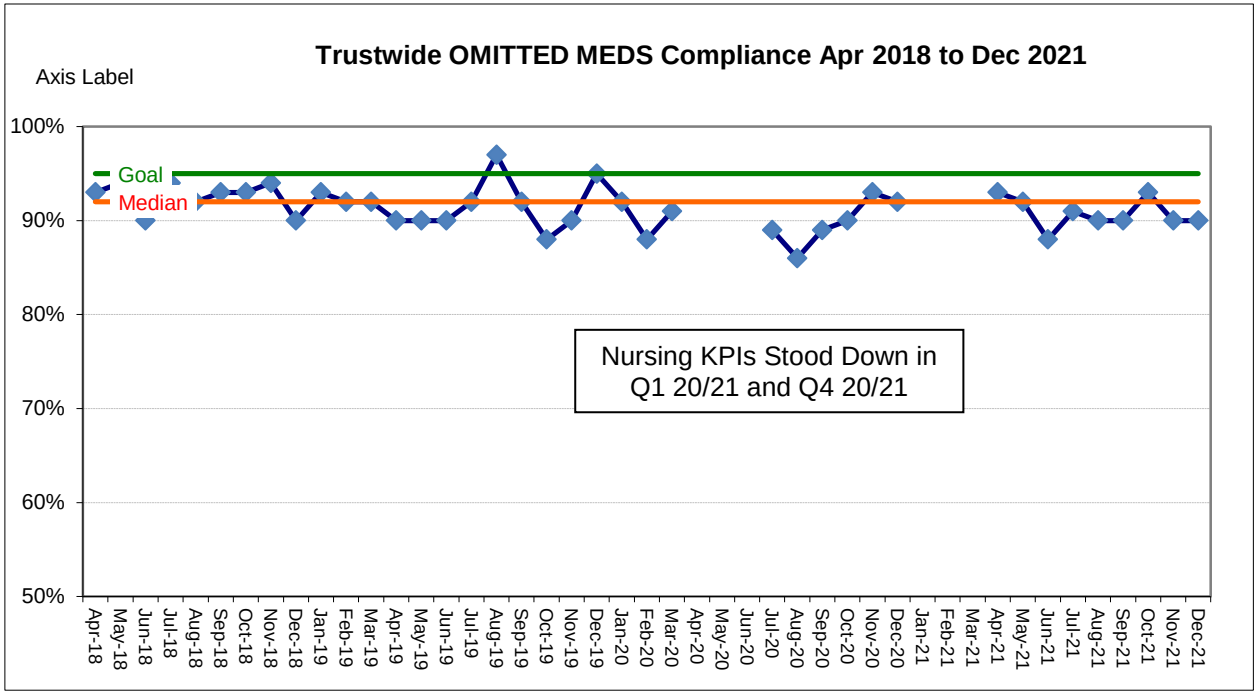
OVERALL MUST ACTION POINTS/UPDATE:

Compliance with MUST screening continues to be high and the 'Next Step's audit validates this as well as following up on nutritional care in line with risk status.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.01.2022

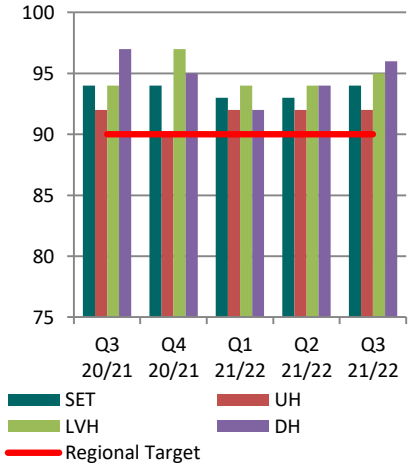
TRUSTWIDE OMITTED MEDICATION COMPLIANCE

95% compliance with fully completing medication Kardexes (i.e. no blanks). The omitted medicines regional group has been formed to set direction and inform strategy on omitted and delayed medicines for adults in patient wards.



OVERALL OMITTED MEDS ACTION POINTS/UPDATE:

Agreement had been reached regionally for all NI Trusts to use the Medication Safety Thermometer Tool to monitor the number of local omitted doses. Unfortunately this national tool has been stood-down. There have been no further meetings to discuss an alternative way forward.

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	The Policy for The Provision and Management of Cleaning Services issued by the DHSSPS in January 2015 requires Very High Risk and High Risk Scores to be reported for Cleaning and Nursing only. As a consequence of removing estate condition issues, the acceptable level of cleanliness in Departmental Audits which was set at 85% in Cleanliness Matters is increased to 90%. The removal of the Estates Services scores has contributed to the observed increase in overall scores. Overall the Trust continues to meet this higher threshold and continues to exceed its own internal target for all facilities, although individual facilities may on occasions not meet this target.	SET 94%	SET 94%	SET 93%	SET 93%	SET 94%	
			UH 92%	UH 90%	UH 92%	UH 92%	UH 92%	
			LVH 94%	LVH 97%	LVH 94%	LVH 94%	LVH 95%	
			DH 97%	DH 95%	DH 92%	DH 94%	DH 96%	

<table>
<tr><th>TITLE</th><th>Target</th><th>NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th></th><th></th><th></th><th>OCT</th><th>NOV</th><th>DEC</th><th></th></tr>
<tr>
<td rowspan="3">HCAI</td>
<td rowspan="3">By March 2020 secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection compared to 2017/18.

By March 2020 secure an aggregate reduction of 11% of (GNB) Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18.</td>
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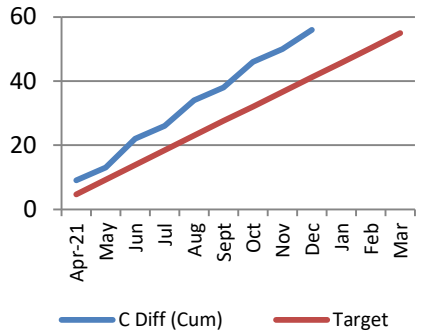
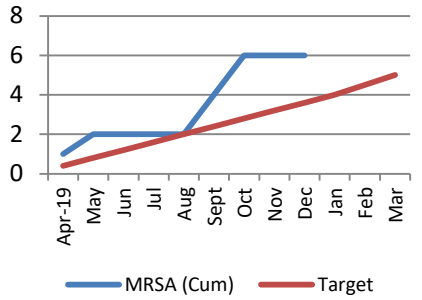
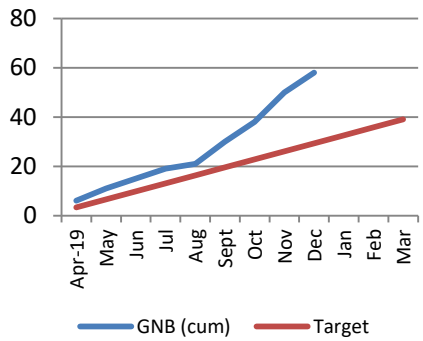
<table>
<tr><th></th><th>2020/2021 Target</th><th>2021/2022 Target</th></tr>
<tr><td>C Diff</td><td>Target<55</td><td>Target not yet set</td></tr>
<tr><td>MRSA</td><td>Target<5</td><td>Target not yet set</td></tr>
<tr><td>GNB</td><td>Target <39</td><td>Target not yet set</td></tr>
</table>
2020/21:
C Diff 35 within 72 hours and 22 greater than 72 hours
MRSA 5 within 48 hours, 2 greater than 48 hours

2021/22:
C Diff 16 within 72 hours and 28 greater than 72 hours
MRSA 1 less than 48 hours and 5 greater than 48 hours
</td>
<td>C Diff
8
(cum 46)</td><td>C Diff
4
(cum 50)</td><td>C Diff
6
(cum 56)</td>
<td> 
</td>
</tr>
<tr>
<td>MRSA
2
(cum 6)</td><td>MRSA
0
(cum 6)</td><td>MRSA
0
(cum 6)</td>
<td> 
</td>
</tr>
<tr>
<td>GNB
8
(cum 38)</td><td>GNB
12
(cum 50)</td><td>GNB
8
(cum 58)</td>
<td> 
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SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		DEC	JAN 21	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Outpatient waits	Min 50% <9 wks for first appt		11.5%	11.5%	11.9%	13.5%		14%	15%	15%	15%	14%	14.4%	14.4%	16.3%	13.4%
	All <52 wks		37.3%	36%	34.8%	34.7%		36.6%	37.8%	38.8%	39.2%	39.4%	39.7%	39.6%	39.8%	39.6%
Diagnostic waits	Imaging 75% <9 wks		51.3%	52.6%	57.1%	70.4%		71.2%	74.5%	81.2%	79.9%	77.3%	85.7%	88.0%	88.7%	83.8%
	Physiological Measurement <9 wks		36.7%	41.4%	49.1%	52.2%		54.7%	54.9%	54.9%	51.1%	43.9%	48.8%	48.3%	60.8%	55.7%
	Diag Endoscopies	< 9 wks	45.7%	40.8%	36.5%	36.0%		34.7%	33%	31%	30%	29%	28%	28%	27%	25%
		< 13 wks	39%	41%	39%	37%		34%	37%	44%	46%	49%	46%	52%	53%	49%
Inpatient & Daycase Waits	Min 55% <13 wks		30%	30%	26%	26%		27%	28%	28%	27%	26%	25%	25%	27%	27%
	All <52 wks		64%	62%	57%	56%		57%	58%	57%	57%	57%	57%	57%	57%	57%
Diagnostic Reporting	Urgent tests reported <2 days		83.4%	80.5%	81.9%	68.5%		73.1%	83.5%	82.1%	73.6%	75.5%	66.6%	71.9%	76.9%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	71.5%	69.3%	69.3%	69%		71%	70.8%	69.6%	66.5%	64.4%	62.3%	62.5%	63.7%	59.6%
		12hr breaches	769	545	366	748		730	1020	1172	1086	1323	1271	1393	1329	1315
	UHD	4hr performance	61.5%	59.9%	59.6%	58.5%		60.7%	60.2%	57.9%	52.0%	48.6%	49.7%	50.8%	50.4%	47.2%
		12hr breaches	766	545	365	747		730	1019	1166	1081	1322	1268	1393	1324	1314
	LVH	4hr performance	80.8%	76.8%	77.7%	77.4%		79.8%	81.5%	79.1%	81.1%	79.3%	75.1%	80.6%	82.6	79.9%
		12hr breaches	3	0	1	1		0	1	4	5	1	3	2	3	1
	DH	4hr performance	99.4%	99.5%	100%	100%		100%	99.7%	99.7%	99.7%	99.2%	99.3%	99.2%	98.2%	99.1%
		12hr breaches	0	0	0	0		0	0	0	0	0	1	0	2	0
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		95.6%	97.4%	94.2%	91.9%		89.8%	88.6%	85.0%	80.6%	80.8%	80.4%	83.1%	84.9%	82.3%
Non Complex discharges	ALL <6hrs		82.1%	83.0%	82.6%	83.1%		82.1%	83.0%	81.2%	81.3%	80%	84.3%	82%	80.7%	84.5%
Hip Fractures	>95% treated within 48 Hours		78%	97%	88%	77%		71%	100%	88%	86%	64%	81%	80%	68%	67%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		11.3%	18%	13%	19.4%		16.7%	13.3%	11.6%	4.3%	18.1%	26.8%	10.8%	27%	13%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		57%	45%	63%	58%		62%	63%	56%	42%	35%	42%	31%	48%	39%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)		82.3% (50) {32}	100% (1) {19}	96.4% (7) {21}	17.4% (181) {24}		18.6% (188) {26}	23.7% (215) {27}	58.1% (113) {29}	55.2% (105) {21}	38.6% (101) {32}	36.5% (115) {43}	15.5% (191) {46}	8.3% (263) {46}	21.2% (231) {49}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		96% (4)	95% (9)	92% (11)	93% (8)		97% (4)	97% (3)	96% (5)	95% (6)	93% (9)	92% (13)	94% (8)	90% (16)	100% (0)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%	Qtrly in arrears												
	Psoriasis (n) - Breaches															

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance0

Service Area	Indicator		DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		99.2%	96.9%	97.9%	90.5%	76.6%	88.3%	96.3%	86.7%	87.5%	87.7%	99.3%	98.9%	
	% routine tests reported <28 days (Target formerly 100%)		99.9%	99.8%	99.2%	99.4%	93.1%	94.8%	99.8%	99.4%	98.0%	96.6%	98.9%	99.9%	
% Operations cancelled for non-clinical reasons		SET	2.0%	**3.2%**	1.5%	**2.2%**	0.8%	0.5%	1.1%	1.9%	**2.1%**	1.6%	1.6%	1.4%	**3.1%**
		UHD	1.0%	**2.3%**	1.2%	1.2%	0.5%	0.7%	0.8%	1.7%	**2.7%**	1.7%	1.1%	1.6%	1.7%
		LVH	**2.3%**	**5.6%**	2.0%	**4.8%**	1.8%	0.7%	0.5%	**2.7%**	1.9%	1.4%	**3.3%**	1.4%	**6.4%**
		DH	**4.1%**	**2.8%**	1.8%	1.8%	0.2%	0%	0.9%	1.6%	0.4%	1.7%	0.8%	1.0%	**2.6%**
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		Cum 85%	Cum 86%	Cum 85%	Cum 85%	Cum 82%	Cum 84%	Cum 86%	Cum 86%	Cum 84%	Cum 85%			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 82%	Cum 81%	Cum 85%	Cum 86%	Cum 94%	Cum 92%	Cum 92%	Cum 89%	Cum 91%	Cum 92%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		9321	8449	9530	11007	12151	13147	13716	12901	12575	12188	11617	10926	10652
	Ulster Hospital		6823	6322	6843	8042	8829	9582	9801	9133	8788	8695	8660	7984	8043
	Lagan Valley Hospital		1529	1313	1377	1835	2064	2173	2355	2229	2198	2391	1979	1878	1758
	Downe Hospital (inc w/end minor injuries)		969	814	849	1130	1258	1392	1560	1539	1589	1102	978	1064	851
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		9.1%	8.6%	8.3%	8.1%	8.2%	8.3%	9.0%	9.6%	9.5%	10.0%	10.3%	9.9%	11.3%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		**4.0%**	**-186%**	**-10.1%**	17.9%	23.2%	26.0%	**9.1%**	**0.6%**	**5.0%**	**-7.7%**	**-13.3%**	**-8.3%**	**-15.5%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		4270	3806	4584	5731	5644	5258	6447	4966	4996	5688	5239	5563	4627
Other Operative Fractures	>95% within 48hrs		**72%**	**73%**	**68%**	**67%**	**63%**	**85%**	**66%**	**78%**	**59%**	**69%**	**70%**	**76%**	**42%**
	100% within 7 days		100%	100%	**78.3%**	100%	96%	100%	97.6%	**94.5%**	**81.8%**	**91.4%**	**97.8%**	**97.1%**	**79%**
Stroke	No of patients admitted with stroke		44	39	31	36	36	45	43	46	44	41	37	37	48
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**24.1% (305)**	**24.5% (324)**	**22.5% (368)**	**23.4% (384)**	**26.4% (382)**	**21.9% (417)**	**17.8% (424)**	**17.5% (438)**	**17.6% (455)**	**14.9% (474)**	**15.8% (489)**	**22.2% (477)**	**15.5% (503)**
		Ophth	**14.0% (264)**	**11.2% (277)**	**8.9% (286)**	**12.8% 273**	**19.8% 235**	**14.1% (225)**	**2.6% (229)**	100% (0)	100% (0)	100% (0)	Not recorded	Not Recorded	Not Recorded

HOSPITAL SERVICES

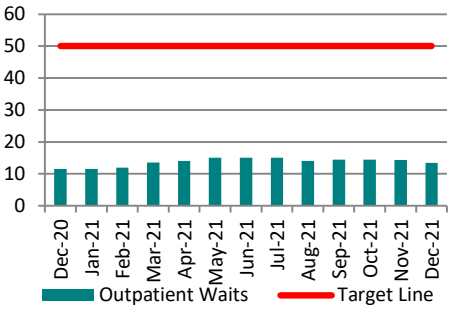
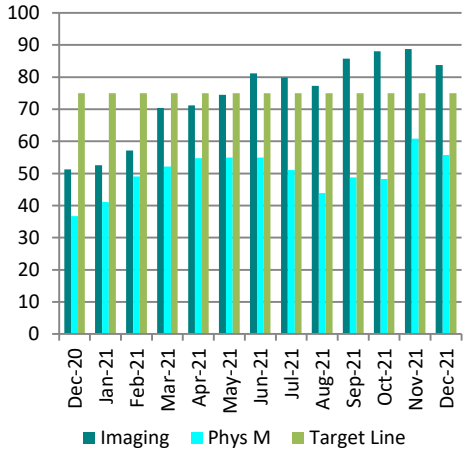
Directorate KPIs and SQE Indicators

Service Area	Indicator	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	7.3	7.1	6.3	5.8	5.4	6.0	6.9	6.4	6.9	7.5	8.0	7.8	7.3
	Ave LOS trimmed	5.3	5.5	4.9	4.7	4.3	4.5	5.2	5.1	5.5	5.8	5.8	6.1	5.8
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	9.9	10.3	7.8	8.3	8.9	7.8	9.4	8.1	7.9	9.9	9.4	10.8	11.3
	Ave LOS trimmed	6.6	6.5	5.9	5.9	6.1	6.0	6.6	5.8	5.3	6.4	6.0	6.6	7.0
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**53.3%**	**61.2%**	**62.4%**	**60.2%**	**58.8%**	**53.1%**	**40.9%**	**41.3%**	**34.8%**	**35.3%**	**31.6%**	**33.4%**	**35.2%**
	% NEW attendances who left without being seen (Target < 5%)	2%	1.5%	1.4%	2.3%	2.4%	2.9%	3.7%	5.3%	5.2%	5.1%	4.7%	3.4%	4.4%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.9%	3.0%	4.3%	4.1%	4.2%	4.4%	4.8%	3.6%	3.8%	4.4%	3.7%	4.7%	4.1%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	69.3%	76.6%	65.2%	60.7%	59.5%	54.7%	46.9%	41.7%	39.1%	40.2%	42.5%	42.3%	40.5%

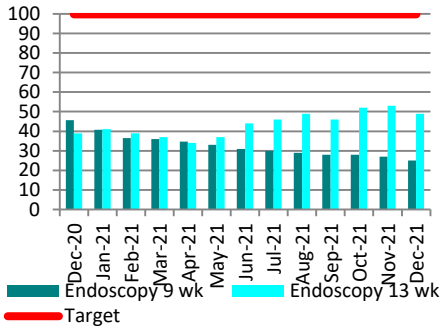
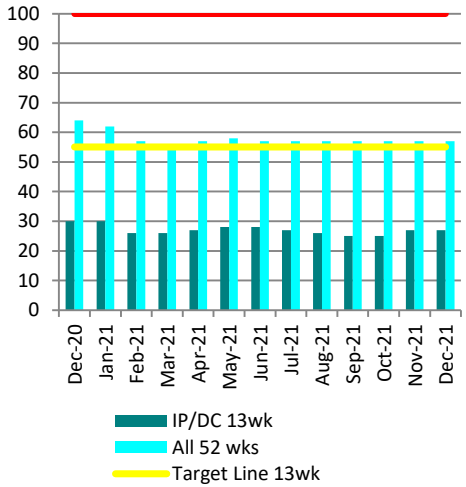
Hospital Services – Corporate Issues

Service Area	Indicator	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints	How many complaints were received this month?	30	17	11	20	19	27	22	32	28	26	19	23	32
	What % were responded to within the 20 day target? (target 65%)	**35%**	**29%**	**0%**	**5%**	**11%**	**30%**	**36%**	**44%**	**25%**	**50%**	**37%**	**30%**	**59%**
	How many were outside the 20 day target?	13	12	11	19	17	20	15	18	21	13	12	16	13
Freedom of Information Requests	How many FOI requests were received this month?	6	6	9	16	11	8	6	5	10	11	13	10	9
	What % were responded to within the 20 day target? (target 100%)	**50%**	**50%**	**22%**	**44%**	**55%**	**0%**	**17%**	**40%**	**60%**	**18%**	**23%**	**20%**	**22%**
	How many were outside the 20 day target?	3	3	7	9	5	8	5	3	4	9	10	8	7

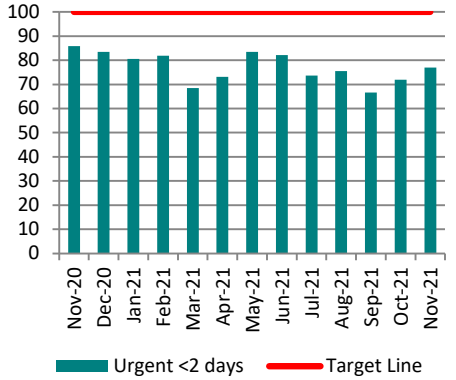
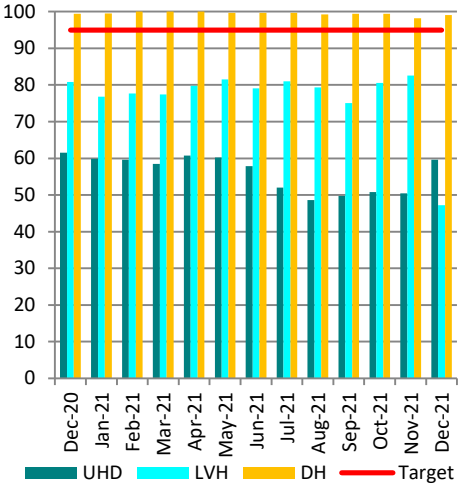
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE OCT	PERFORMANCE NOV	PERFORMANCE DEC	TREND
Outpatient Waits	From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks.	% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >52 wks	**14.4%** **[76804]** **(65764)** **{46358}**	**14.3%** **[76557]** **(65586)** **{46338}**	**13.4%** **[77288]** **(66906)** **{46664}**	
Diagnostic waits	By March 2018 75% of patients should wait no longer than 9 weeks for a diagnostic test with no-one to wait more than 26 weeks.	**Imaging (9 wk target)** These figures relate to Imaging waits only. [n] = total waiting (n) = waiting more than 9 weeks {n} = waiting >26 wks Note: most breaches relate to Dexa scans at LVH *N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.*	88.0% [8380] (1007) {130}	88.7% [8685] (984) {111}	83.8% [8060] (1302) {148}	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**48.3%** **(3403)** **{1055}**	**60.8%** **(2192)** **{450}**	**55.7%** **(2648)** **{777}**	
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy. No patient should wait longer than 13 weeks for other endoscopies.	**Diagnostic Endoscopies Inpatient / Day Case (9 wk target)** (this is a subset of the Day-case target reported overleaf)	**28%** **3677** **(2659)**	**27%** **3784** **(2748)**	**25%** **3872** **(2916)**	

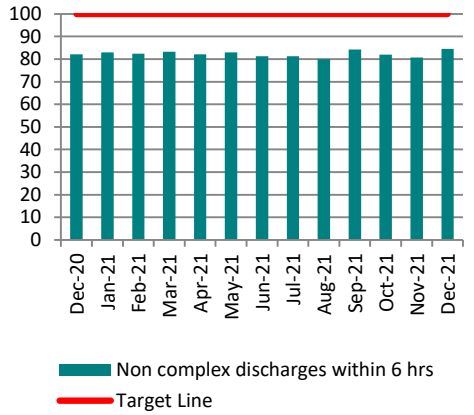
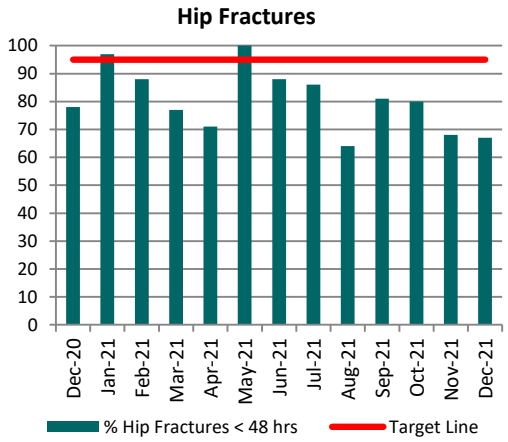
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE OCT	PERFORMANCE NOV	PERFORMANCE DEC	TREND
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy. No patient should wait longer than 13 weeks for other endoscopies.	**Diagnostic Endoscopies Inpatient / Day Case (13 wk target)** [n] = total waiting (n) = breaches	**52%** **[867]** **(418)**	**53%** **[893]** **(417)**	**49%** **[874]** **(442)**	
Inpatient & Daycase Waits	By March 2018, at least 55% of inpatients and day cases to wait no longer than 13 weeks to be treated and no patient to wait longer than 52 weeks for treatment.	Inpatients / Daycase – 13 wk target % = % waiting < 13 weeks (n) = breaches	**25%** **(10158)**	**27%** **(10241)**	**27%** **(10620)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**57%** **(8249)**	**57%** **(8418)**	**57%** **(8841)**	

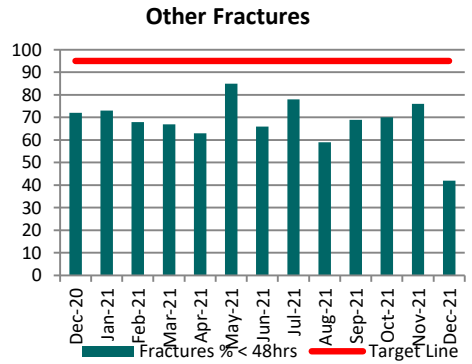
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In November 2021, of 3836 total urgent tests reported, 2760 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**71.9%** **(1076)** **[3836]**	**76.9%** **(871)** **[3775]**		
Emergency Departments	95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours.	SET attendances include Minor Injury Units not broken down below as not Type 1 Units SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit. n = total new and unplanned review attendances. [n] = seen within 4 hours % = % seen within 4 hours (n) = 12 hour breaches	**SET** **12485** **[7807]** **62.5%** **(1393)** **UH** **8660** **[4403]** **50.8%** **(1393)** **LVH** **1979** **[1566]** **79.1%** **(2)** DH 978 (970) 99.2 (0)	**SET** **11870** **[7561]** **63.7%** **(1329)** **UH** **7984** **[4021]** **50.4%** **(1324)** **LVH** **1878** **[1551]** **82.6%** **(3)** DH 1064 (1045) 98.2% (2)	**SET** **11420** **[6813]** **59.6%** **(1315)** **UH** **8043** **[3798]** **47.2%** **(1314)** **LVH** **1758** **[1404]** **79.9%** **(1)** DH 851 (843) 99.1% (0)	

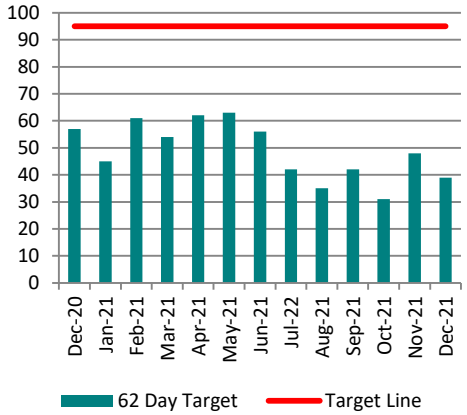
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	All qualifying patients in SET beds. Main reason for delay is patient awaiting transport from friends, family or ambulance service. n = Non-complex discharges (n) = breaches	**82%** **2098** **(376)**	**80.7** **2121** **(409)**	**84.5%** **2131** **(331)**	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% = % treated within 48 hours. n = number of fractures (n) = number < 48 hours [n] = number >48 hours	**80%** **25** **(20)** **[5]**	**68%** **40** **(27)** **[13]**	**67%** **54** **(36)** **[18]**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Other Operative Fractures	95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment. No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)	% is performance against 48 hour target. n = number of fractures (n) = number < 48 hours [n] = number >48 hours {n} = number > 7days	**70%** **46** **(32)** **[14]** **{1}**	**76%** **34** **(26)** **[8]** **{1}**	**42%** **38** **(16)** **[22]** **{8}**	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis.	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	**10.8%** **4** **(37)**	27% 10 (37)	13% 6 (48)	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.
Card Before You Leave	Ensure that all adults and children who self-harm and present for assessment at ED are offered a follow-up appointment with appropriate mental health services within 24 hours.	There were 84 SET CBYL referrals received during December 2021. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% 71 [0]	100% 86 (0)	100% 84 [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% = % who began treatment within 62 days n = number of patients seen (n) = breaches In Dec 44 patients were seen. There were 27 breaches involving 33 patients, of whom 6 were shared Revisions post patient pathway confirmation and pathology validation:- Nov was 48% 57.5 seen (30), now 45% 87 seen (48) Oct was 30% 78 seen (54.5), now 31% 82.5 (57)	**31%** **82.5** **(57)**	**48%** **87** **(48)**	**39%** **44** **(27)**	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days [n] = number of referrals received n = number of completed referrals (n) = breaches {n} = longest wait in days	**15.5%** **[329]** **226** **(191)** **{46}**	**8.3%** **[237]** **287** **(263)** **{46}**	**21.2%** **[289}** **293** **(231)** **{49}**	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	% = % who began treatment within 31 days n = number of patients (n) = breaches	94% 130 (8)	90% 161 (16)	100% 101 (0)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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	**-13.3%** **2270** **(666)**	**-8.3%** **2171** **(567)**	**-15.5%** **2314** **(710)**	Target - reduce number hospital cancellations by 20%. Target 1604 or less per month.
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches				Now reported quarterly
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches				No figures due to change in team reporting.

PRIMARY CARE AND OLDER PEOPLE SERVICES

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Allied Health Professions waits	All < 13 weeks	**70.0%**	**67.1%**	**66.5%**	**71.4%**	**75.6%**	**77.7%**	**79%**	**77.6%**	**75.9%**	**70.4%**	**69.7%**	**70.4%**	**67.6%**
Complex Discharges	Min. 90% <48hrs (SET TOR)	**65.9%**	**71.5%**	**68.6%**	**73.2%**	**71.7%**	**70.7%**	**64.1%**	**64.8%**	**65.6%**	**62.9%**	**60.5%**	**62.3%**	**64.7%**
	Min. 90% <48hrs (SET in SET beds)	**65.0%**	**69.0%**	**70.0%**	**72%**	**69.7%**	**70.5%**	**63.3%**	**65%**	**65.0%**	**60.6%**	**58.6%**	**60.9%**	**64.5%**
	Min. 90% <48hrs (All in SET beds)	**59.5%**	**63.6%**	**64%**	**61.2%**	**61.9%**	**63.6%**	**59.7%**	**57%**	**59.8%**	**56.9%**	**51.3%**	**54.3%**	**60.6%**
	Number complex discharges	**343**	**368**	**369**	**366**	**381**	**354**	**395**	**370**	**368**	**339**	**349**	**359**	**391**
	ALL <7days	**87.9%**	**94.3%**	**93.2%**	**91%**	**92.6%**	**93.2%**	**92.2%**	**85.7%**	**87%**	**87.6%**	**87.7%**	**85.5%**	**90.3%**
	SET and Other TOR	**91.1%**	95.5%	95.2%	**93.5%**	**94.9%**	**96.5%**	**92.5%**	**89.4%**	**89.1%**	**88.0%**	**90.1%**	**90.2%**	**92.2%**
	Belfast TOR	**81.1%**	**91.2%**	**87.5%**	**83.3%**	**86.7%**	**85%**	**90.8%**	**73.6%**	**81.4%**	**86.4%**	**80.2%**	**72.3%**	**83.3%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Q3 475 (cum 1523)	Quarter 4 544 (cum 2067)			Quarter 1 529			Quarter 2 544 (cum 1073)			**Reported Quarterly in Arrears**		
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**89%**	**89%**	92%	91%	**88%**	**87%**	**83%**	**80%**	**82%**	**84%**	**80%**	**80%**	**80%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**21.9% (808)**	**21.8% (865)**	**21.7% (907)**	**21.2% (953)**	**22.7% (971)**	**19.8% (1018)**	**21.7% (1056)**	**21.7% (1108)**	**19.9% (1180)**	**18.8% (1197)**	**19.2% (1019)**	**16.4% (1038)**	**12% (1060)**
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Q3 425 (cum 966)	**Quarter 4 426 (cum 1392)**			Quarter 1 605			Quarter 2 560 (cum 1165)					
Direct Payments	By March 2018, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	209	213	212	215	221	219	218	223	226	229	228	233	236
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	Q3 45 611 Hrs (cum 141 221 Hrs)	**Quarter 4 48937 Hours (cum 190158 Hours)**			Quarter 1 66 652 hours			Quarter 2 62014 Hours (cum 128666 Hours)					

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Assess and Treat Older People	Main components of care needs met <8 weeks		100%	99.1%	96%	98.9%	98.7%	100%	100%	100%	100%	99%	99%	96.9%	100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches				**57.8% (27)**	**50.8% (32)**	**78.3% (21)**	**81.3% (15)**	**78.2% (22)**	**75.2% (29)**	**69.5% (29)**	**60.9% (27)**	**57.6% (25)**	**73.8% (22)**	**72.3% (28)**
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	**27.7% (2015)**	**27.8% (1872)**	**34.6% (1480)**	**45.2% (1141)**	**44.5% (1229)**	**47.5% (1239)**	**47.6% (1226)**	**41.8% (1644)**	**36.8% (1937)**	**35% (2098)**	**29.4% (2550)**	**30.4% (2647)**	**25.3% (2907)**
		<52wks	**55.7% (1235)**	**65.6% (892)**	**83.4% (376)**	99.6% (8)	99.9% (3)	99.9% (3)	99.9% (3)	99.9% (2)	99.9% (2)	100% (1)	**95.4% (167)**	**94.9% (193)**	**94.9% (200)**

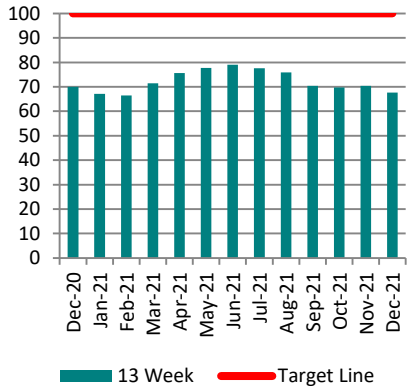
Directorate KPIs & SQE Indicators

Service Area	Indicator	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	**29%**	**24%**	**34%**	**23%**	42%	53%	42%	55%	50%	**30%**	44%	**35%**	42%

Primary Care & Older People Services - Corporate Issues

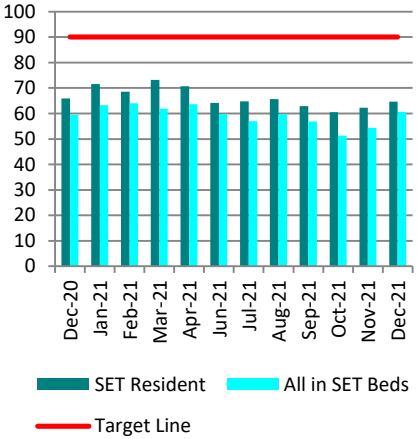
Service Area	Indicator	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints Handling	How many complaints were received this month?	4	4	4	5	13	8	13	12	12	6	11	15	8
	What % were responded to within the 20 day target? (target 65%)	**50%**	**25%**	**25%**	**20%**	**31%**	**50%**	**15%**	**58%**	**58%**	**33%**	**18%**	**33%**	**0%**
	How many were outside the 20 day target?	2	1	3	4	9	4	12	5	5	4	9	10	8
Freedom of Information Requests	How many FOI requests were received this month?	1	1	0	3	4	3	1	3	2	4	5	1	5
	What % were responded to within the 20 day target? (target 100%)	**0%**	**0%**	n/a	**0%**	**0%**	**33%**	**0%**	**33%**	**50%**	**0%**	100%	100%	**40%**
	How many were outside the 20 day target?	1	1	0	3	4	2	1	2	1	4	0	0	3

PRIMARY CARE AND OLDER PEOPLES SERVICES

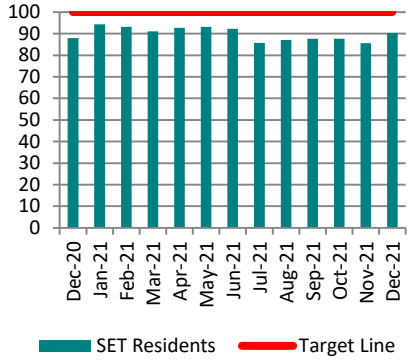
<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>OCT</th><th>NOV</th><th>DEC</th></tr>
<tr>
<td>AHP Waits</td>
<td>No patient to wait longer than 13 weeks from referral to commencement of treatment</td>
<td>At 31st December 2021 of 11644 patients on the AHP waiting list, 3775 are waiting longer than 13 weeks.
<table>
<tr><th>Service</th><th>No on W/L</th><th>Waiting >13 wks</th><th>Comp-liance</th></tr>
<tr><td>Physio</td><td>5201</td><td>1475</td><td>78.6</td></tr>
<tr><td>OT</td><td>1853</td><td>848</td><td>54.2</td></tr>
<tr><td>Orthoptics</td><td>271</td><td>112</td><td>58.7</td></tr>
<tr><td>Podiatry</td><td>909</td><td>56</td><td>93.8</td></tr>
<tr><td>Adults S&LT</td><td>1216</td><td>750</td><td>38.3</td></tr>
<tr><td>Childrens S&LT</td><td>563</td><td>56</td><td>90.1</td></tr>
<tr><td>Dietetics</td><td>1631</td><td>478</td><td>70.7</td></tr>
</table>
[n] = total waiting
(n) = breaches</td>
<td>69.7%
[12373]
(3754)</td>
<td>70.4%
[11565]
(3425)</td>
<td>67.6%
[11644]
(3775)</td>
<td> 
</td>
</tr>
<tr>
<td>Complex Discharges</td>
<td>90% of complex discharges should take place within 48 hours.</td>
<td>All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB PMSID).

(n) = 48 hr breaches

Revisions post validation:-

SET Key reasons:-
• Awaiting Assessment/Acceptance to Care Homes
• No Domiciliary Care Package Available</td>
<td>60.5%
(152)</td>
<td>62.3%
(142)</td>
<td>64.7%
(146)</td>
<td> 
</td>
</tr>
</table>

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients (any Trust of Residence) in SET beds. (n) = complex discharges. Revisions post validation:- Oct was 51.3% (349) SET 109 BT 61 Now 51.3% (349) SET 109 BT 61 Nov was 54.3% (359) SET 102 BT 60 NT 2 Now 54.3% (360) SET 101 BT 60 NT 2 blank 1	**51.3%** **(349)** **>48 hrs By Trust of Res** **SET 109 BT 61**	**54.3%** **(360)** **>48 hrs By Trust of Res** **SET 101 BT 60 NT 2 Blank 1**	**60.6%** **(391)** **>48 hrs By Trust of Res** **SET 107 BT 45 NT 1 Blank 1**	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying SET (and Other) patients in SET beds. n = complex discharges (n) = discharges delayed by more than 48hrs. Revisions post validation:- Nov was 60.8% 265 (104) now 60.9% 266 (104)	**58.6%** **263** **(109)**	**60.9%** **266** **(104)**	**64.5%** **307** **(109)**	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying patients (any Trust of Residence) in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Nov was 85.5% 359 (52) SET 26 BT 26 now 85.6% 360 (52) SET 25 BT 27	**87.7%** **349** **(43)** **SET 26 BT 17**	**85.6%** **360** **(52)** **SET 25 BT 27**	**90.3%** **391** **(38)** **SET 24 BT 14**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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:- Nov was 90.2% 265 (26) now 90.6% 266 (25)	**90.1%** **263** **(26)**	**90.6%** **266** **(25)**	**92.2%** **307** **(24)**	
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:- Nov was 72.3% 94 (26) now 71.3% 94 (27)	**80.2%** **86** **(17)**	**71.3%** **94** **(27)**	**83.3%** **84** **(14)**	

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	
Unplanned Admissions	By March 2018 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825 17/18 Target = 2684 **Reported Quarterly in arrears.**	592 (cum 1048)	475 (cum 1523)	544 (cum 2067)	529 (cum 529)	544 (cum 1073)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

PRIMARY CARE AND OLDER PEOPLES SERVICES

Service Area	Target	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**89%**	**89%**	93%	91%	**88%**	**87%**	**83%**	**80%**	**82%**	**84%**	**80%**	**80%**	**80%**
	Total Number of Urgent Calls	973	990	685	789	928	1070	1032	1087	945	975	1040	951	1056
	Urgent Calls within 20 minutes	864	885	640	716	815	927	860	866	779	815	835	763	848
	100% of less urgent calls triaged within 1 hour	**79%**	**77%**	**92%**	**84%**	**77%**	**74%**	**72%**	**56%**	**66%**	**71%**	**56%**	**58%**	**51%**
	Total Number of Routine Calls	5318	5719	4419	5023	5747	6219	5049	6216	5773	5727	6572	6347	7312
	Routine calls within 1 hour	4203	4395	4074	4213	4412	4596	3618	3501	3810	4053	3708	3665	4012

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Adult MH Services waits	All < 9 weeks	**94.5%**	**92.0%**	97.0%	100%	100%	100%	99.7%	95.7%	90.0%	97.0%	99%	100%	95%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Q3 99 (cum 296)	Quarter 4 90 (386)			Quarter 1 101			Quarter 2 113 (cum 214)					
Discharge and Follow-up	99% < 7days of decision to discharge	**90%**	**88.5%**	**90.1%**	96%	100%	98%	99%	100%	97.1%	100%	95%	95%	98%
	All < 28 days (no. Breaches)	5	6	6	3	7	4	4	5	3	4	4	3	3
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	94.1%	99%	100%	100%	97%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

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

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	5	10	15	10	8	10	18	9	14	14	9	15
	What % were responded to within the 20 day target? (target 65%)	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**	**33%**	**20%**
	How many were outside the 20 day target?	2	0	4	11	3	5	8	10	7	7	10	6	12
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	1	3	3	1	2	4	0	1	1	3	1	0	3
	What % were responded to within the 20 day target? (target 100%)	100%	100%	**66%**	**0%**	**0%**	**25%**	n/a	100%	**0%**	**0%**	**0%**	n/a	**66%**
	How many were outside the 20 day target?	0	3	1	1	2	3	0	0	1	3	1	0	1

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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% 676 [8]	100% 696 [0]	95% 601 [28]	All patients were seen within 13weeks.
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 58 SET discharges in December 2021	95%	95%	98%	1 patient was discharged after being medical fit more than 7 days.
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	In December 2021 there remained 3 patients on the Wards that are recorded as delayed discharges	4	3	3	1 Patient – Ward 12, LVH 2 Patients – Ward 27, UHD Various reasons – including placement issues.
	All discharged patients due to receive a continuing care plan in the community to receive a follow-up visit within 7 days of discharge.	There were 58 SET discharges in December. 47 people were offered an appointment with 44 people having been seen. 9 Patients were forwarded to other Trusts	100%	97%	100%	9 Patients were referred to other Trusts – 2 - BHSCT. 7– SHSCT. 2 Patients did not attend. 1 Patient referred to MHSOP. 1. Patient - HMP

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	5	5	5	5	5	5	5	5	5	5	5	5	5
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	3	3	3	3	3	3	3	5	5	5	5	5	5
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	991	1001	1006	1014	1024	1027	1033	1048	1056	1066	1067	1076	1089

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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	288	291	294	297	300	304	307	309	313	314	313	311	316
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	471	474	477	479	481	482	486	494	495	501	504	510	515
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

		Quarter 3 (20/21)	Quarter 4 (20/21)	Quarter 1 (21/22)	Quarter 2 (21/22)	Quarter 3 (21/22)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 534 Target: 267 (67 per quarter)	112 (Cum 206)	96 (cum 302)	62	56 (cum 118)	
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	70 (cum 182)	48 (230)	32	53 (cum 85)	
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	50 (cum 190)	44 (134)	44	60 (cum 104)	
	By March 2018, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 27, 645 hrs (6, 911hrs / quarter)	LD: 12788 Hours (cum 43330.9 Hrs) PD:8943 Hours (cum: 37259 Hrs)	LD: 23074 Hours (cum 66404.9 Hrs) PD: 12493 Hours (cum 49752 Hrs)	LD: 16848 Hours PD: 12156 Hours	LD: 18580 Hours (cum 35428 Hrs) PD: 12576 Hours (cum 24732 Hrs)	
	Achieve minimum 88% internal environment cleanliness target.	92%	94%	92%	95%	93%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	5	10	15	10	8	10	18	9	14	14	9	15
	What % were responded to within the 20 day target? (target 65%)	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**	**33%**	**20%**
	How many were outside the 20 day target?	2	0	4	11	3	5	8	10	7	7	10	6	12
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	1	0	0	0	0	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	**0%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	1	0	0	0	0	0	0	0	0	0	0	0	0

ADULT SERVICES – DISABILITY SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>OCT</th><th>NOV</th><th>DEC</th><th></th></tr>
<tr><td rowspan="2">Discharge</td><td>Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.</td><td>All patients discharged within the target time during December.</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>No discharge taking longer than 28 days.</td><td>The Trust currently has 5 people awaiting discharge.

n = number awaiting discharge
(n) = breaches</td><td>5

(5)</td><td>5

(5)</td><td>5

(5)</td><td>Muckamore:-<table><tr><th>Delay in days</th><th>Oct</th><th>Nov</th><th>Dec</th></tr><tr><td>0-7</td><td>0</td><td>0</td><td>0</td></tr><tr><td>8-28</td><td>0</td><td>0</td><td>0</td></tr><tr><td>29-90</td><td>0</td><td>0</td><td>0</td></tr><tr><td>91-365</td><td>0</td><td>0</td><td>0</td></tr><tr><td>>365</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Total</td><td>5</td><td>5</td><td>5</td></tr></table></td></tr>
<tr><td>Resettlement</td><td>By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.</td><td>Three patients remain to be resettled.</td><td>3 people remain to be resettled</td><td>3 people remain to be resettled</td><td>3 people remain to be resettled</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Committal	All individuals entering prison will receive a healthcare initial assessment to determine any immediate health concerns and risk factors on the first day of reception, and before spending their first night in prison.	100%	100%	99.7%	98%	99%	99%	99%	99%	98%				
	All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.	97.3%	100%	99.3%	98%	98.3%	99%	98.5%	99%	99%				
Mental Health Assessment	All individuals who have entered prison will be seen by a Mental Health Practitioner within 5 working days.	99.6%	100%	100%	100%	100%	99%	99%	99%	99%				
Inter-prison transfer	On prison to prison transfer, all individuals will receive a transfer health screen by Healthcare staff on the day of arrival.	100%	96%	100%	98%	100%	100%	100%	100%	97%				
Addiction Services	All individuals who are referred to the Addictions Team should not wait longer than 9 weeks for assessment	**40%**	**53%**	**50%**	**53%**	**30%**	**35%**	**29%**	**23%**	**25%**				
BBV	All individuals who enter prison offered blood borne virus screening (Hepatitis B & C, HIV) at the Comprehensive Health Assessment. (# Offered to Jul 2021, % offered postJul)	200	273	279	328	100%	100%	100%	100%	100%				
Tuberculosis	All individuals who enter prison will be Tuberculosis screening at the Comprehensive Health Assessment. (# Offered to Jul 2021, % offered postJul)	200	273	279	328	100%	100%	100%	100%	100%				
AHP Service	Regional Access Targets for Routine Outpatient Appointments should not exceed 13 weeks for; Musculoskeletal Outpatient Physiotherapy,	100%	100%	100%	96.6%	100%	**90%**	**86%**	100%	100%				
	All individuals entering prison will receive a healthcare initial assessment to determine any immediate health concerns and risk factors on the first day of reception, and before spending their first night in prison.	**73%**	100%	100%	100%	100%	**89%**	**84%**	100%	100%				
	All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.	100%	100%	100%	100%	100%	100%	**73%**	100%	100%				

ADULT SERVICES – PRISON HEALTHCARE SERVICES

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

Adult Services Directorate – Corporate Issues

Service Area	Indicator	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	5	10	15	10	8	10	18	9	14	14	9	15
	What % were responded to within the 20 day target? (target 65%)	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**	**33%**	**20%**
	How many were outside the 20 day target?	2	0	4	11	3	5	8	10	7	7	10	6	12
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	0	0	0	1	0	0	0	0	1	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	**0%**	n/a	n/a	n/a	n/a	**0%**	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	0	1	0	0	0	0	1	0	0	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>OCT</th><th>NOV</th><th>DEC</th><th></th></tr>
<tr><td rowspan="2">Committal</td><td>All individuals entering prison will receive a healthcare initial assessment to determine any immediate health concerns and risk factors on the first day of reception, and before spending their first night in prison.</td><td>% = performance
n = total committals
(n) = breaches

Note: Magilligan Prison is not a committal prison so only receives transfers and is not covered by this target.</td><td>99%
326
(3)</td><td>99%
323
(1)</td><td>98%
309
(2)</td><td>2 Maghaberry - delayed</td></tr>
<tr><td>All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.</td><td>% = performance
n = total committals
(n) = breaches

<table><tr><th></th><th></th><th>Oct</th><th>Nov</th><th>Dec</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>268</td><td>278</td><td>248</td></tr><tr><td>Breaches</td><td>3</td><td>3</td><td>1</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>50</td><td>45</td><td>50</td></tr><tr><td>Breaches</td><td>2</td><td>1</td><td>1</td></tr></table></td><td>98.5%
318
(5)</td><td>99%
316
(4)</td><td>99%
298
(2)</td><td>1 Magaberry delayed
1 HBW delayed

(11 patients released prior to Comprehensive Nursing Assessment)</td></tr>
<tr><td>Mental Health Assessment</td><td>All individuals who have entered prison will be seen by a Mental Health Practitioner within 5 working days.</td><td>% = performance
n = total number
(n) = breaches</td><td>99%
312
(2)</td><td>99%
315
(1)</td><td>99%
298
(1)</td><td>1 Maghaberry delayed</td></tr>
<tr><td>Inter-Prison Transfers</td><td>On prison to prison transfer, all individuals will receive a transfer health screen by Healthcare staff on the day of arrival.</td><td>% = performance
n = total transfers
(n) = breaches</td><td>100%
31
(0)</td><td>100%
31
(0)</td><td>97%
39
(1)</td><td>Magillligan
1 delayed</td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Addictions Services	All individuals who are referred to the Addictions Team should not wait longer than 9 weeks for assessment	% = Compliance (n) = number of patients waiting >9wks for appointment	**29%** **(79)**	**23%** **(92)**	**25%** **(107)**	
BBV	All individuals who enter prison offered blood borne virus screening (Hepatitis B & C, HIV) at the Comprehensive Health Assessment.	% offered Offered – number (n) = breaches	100% 315 (0)	100% 316 (0)	100% 298 (0)	
Tuberculosis	All individuals who enter prison will be offered Tuberculosis screening at the Comprehensive Health Assessment.	% offered Offered – number (n) = breaches	100% 315 (0)	100% 316 (0)	100% 298 (0)	
AHP Service	Regional Access Targets for Routine Outpatient Appointments should not exceed 13 weeks for; Musculoskeletal Outpatient Physiotherapy,	% compliance n = number of breaches l = Longest wait	**86%** **6** **114 day**	100% 0 27 days	100% 0 59 days	

ADULT SERVICES – PRISON HEALTHCARE SERVICES

AHP Service	Podiatry	% compliance (N) = number of breaches (L) = Longest wait	**84%** **5** **150 day**	100% 0 26 days	100% 0 62 days	
AHP Service	Dietetics	% compliance (N) = number of breaches (L) = Longest wait	**73%** **3** **139 day**	100% 0 33 days	100% 0 58 days	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Psychological Therapies waits	All < 13 weeks	**25.4%**	**27.2%**	**25.9%**	**25.3%**	**28.7%**	**26.2%**	**24.8%**	**21.4%**	**21.2%**	**23.2%**	**25.6%**	**25.1%**	**30.4%**

Adult Services Directorate – Clinical Psychology Services – KPIs

	DEC	JAN 21	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Direct Contacts (cum)	2135 (20598)	2453 (23051)	2513 (25561)	2661 (28222)		2594	2755 (5349)	2705 (8054)	2203 (10257)	2101 (12358)	2233 (14591)	2237 (16828)	2463 (19291)	1697 (20988)
Consultations (cum)	81 (865)	79 (974)	94 (1068)	81 (1149)		78	97 (175)	107 (282)	96 (378)	65 (443)	81 (524)	118 (642)	75 (717)	75 (792)
Supervision - Hours (cum)	121 (1118)	133 (1251)	125 (1376)	153 (1529)		135	135 (270)	125 (395)	124 (519)	129 (648)	134 (782)	124 (906)	140 (1046)	140 (1186)
Staff training - Hours (cum)	26 (141)	23 (164)	26 (190)	26 (216)		32	36 (68)	63 (131)	48.5 (179.5)	40 (219.5)	65 (284.5)	51.5 (336)	53.5 (389.5)	25.5 (415)
Staff training - Participants (cum)	43 (321)	47 (368)	99 (467)	79 (546)		110	111 (212)	140 (352)	66 (418)	65 (483)	205 (688)	118 (806)	82 (888)	49 (1983)

Adult Services Directorate – Corporate Issues

Service Area	Indicator	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	4	5	10	15	10	8	10	18	9	14	14	9	15
	What % were responded to within the 20 day target? (target 65%)	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**	**33%**	**20%**
	How many were outside the 20 day target?	2	0	4	11	3	5	8	10	7	7	10	6	12

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance (n) = number on waiting list [n] = number waiting > 13 weeks	**25.6%** **(1344)** **[1000]**	**25.1%** **(1291)** **[967]**	**30.4%** **(1258)** **[876]**	December data not yet available
		Breaches	**OCT**	**NOV**	**DEC**	**Longest Wait (days)**
		Adult Mental Health	**513**	**490**	**517**	526
		Older People	**34**	**35**	**40**	413
		Adult Learn Dis	**23**	**49**	**60**	1001
		Children's Learn Dis	**12**	**12**	**14**	423
		Adult Health Psych	**389**	**353**	**223**	933
		Children's Psych	**29**	**28**	**22**	210
		Total	**1000**	**967**	**876**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (2)	100% (2)	100% (2)	100% (1)	**25% (4)**	**0% (2)**	100% (4)	100% (7)	100% (0)	100% (3)	**75% (4)**	**0% (3)**	100% (2)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)													
Assessment of Children at Risk r in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	95.7% (2)	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	**83.3% (3)**	**90% (1)**	**77.8% (4)**	**91.7% (2)**	**75% (3)**	**93.3% (1)**	**94.1% (1)**	95.2% (1)	**64% (9)**	**71.4% (2)**	**66.7% (5)**	**55% (9)**	**52.6% (9)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	**92.9% (1)**	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	95.7% (6)	**93.6% (10)**	96.8% (5)	96.8% (5)	**92.1% (12)**	95.2% (8)	**86.1% (24)**	**91.4% (14)**	**89.2% (15)**	97.1% (4)	**93% (13)**	**92% (14)**	**91.4% (11)**
	All Family support initial assessment completed <10 days of allocation	**31.4%**	**38.5%**	**31.4%**	**36%**	**33.6%**	**36.5%**	**40.2%**	**44.2%**	**33.8%**	**23.5%**	**35.3%**	**30.4%**	**32.4%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**64.7% (6)**	**66.7% (23)**	**72.4% (8)**	**79.2% (6)**	**76% (6)**	**25.7% (26)**	93.1% (2)	**69.1% (8)**	**50% (14)**	94.7% (1)	**88.5% (4)**	**80% (3)**	**85.7% (5)**
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	100% (0)	100% (0)	100% (0)	100% (0)	97.6% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	Q3 52 (cum 114)	Quarter 4 62 (cum 176)			Quarter 1 75			Quarter 2 64 (cum 139)					
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	212	207	172	287	297	264	247	239	222	184	214	230	290
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	184	179	168	260	269	234	208	194	185	124	182	200	245

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Fostering	Number of Mainstream Foster Carers	410	395	399	401	366	359	364	360	351	352	354	349	355
	Number of children with Independent Foster Carers	75	76	76	73	77	75	72	73	73	70	71	71	69
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	**74.3%**	**65.8%**	**63.8%**	**58%**	*	*	*	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	**Q3 86.9%**	**Quarter 4 87%**			**Quarter 1 78.6%**			*			Reported Quarterly in Arrears		
	1st time mothers are offered the recommended ante-natal visit by a Health Visitor (reporting is 2 mths in arrears)	95.8%	**90.5%**	**94%**	**94.5%**	**92.1%**	95.7%	**94.8%**	97.2%	*	*	*	Reported 2 mths in arrears	
Safeguarding	*Total Unallocated Cases at month end*	*309*	*291*	*285*	*414*	*399*	*382*	*354*	*350*	*311*	*308*	*354*	*	*400*
	Family Centre Waiting List at month end	18												
Care Leavers	At least 75% aged 19 in education, training or employment	79%	79%	79%	83%	85%	86%	86%	86%	84%	79%	79%	79%	77%

*not yet available

Children's Services - Corporate Issues

Service Area	Indicator	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints	How many complaints were received this month?	7	11	4	11	7	3	9	4	4	13	4	11	7
	What % were responded to within the 20 day target? (target 65%)	**14%**	**18%**	**50%**	**9%**	**0%**	**0%**	**33%**	**50%**	**0%**	**0%**	**25%**	**18%**	**29%**
	How many were outside the 20 day target?	6	9	2	10	7	3	6	2	4	13	3	9	5
Freedom of Information Requests	How many FOI requests were received this month?	2	2	4	1	2	1	4	2	4	5	3	9	6
	What % were responded to within the 20 day target? (target 100%)	**50%**	**50%**	**50%**	**0%**	**0%**	100%	**25%**	100%	**75%**	**20%**	**33%**	**11%**	**0%**
	How many were outside the 20 day target?	1	1	2	1	2	0	3	0	3	4	2	8	6

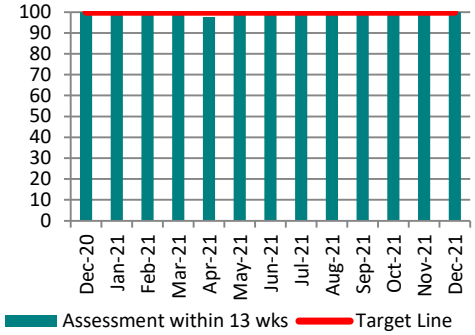
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Children In Care	All children admitted to residential care should, prior to admission:- (1) Have been the subject of a formal assessment to determine the need for residential care. (2) Have had their placement matched through the Children's Resource Panel Process.	% = % compliance (n) = No. of children admitted to care this month	**75%** **(4)**	**0%** **(3)**	100% (2)	
	For every child taken into care, a plan for permanence and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.	There were 15 children taken into care during January 2020. 4 were for Respite/Shared Care. 1 was discharged. Of the remaining 10 all had a plan in place by July 2020 % = % compliance (n)= number of children without permanence plan within 6 months.				

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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% (19) [19]	100% (29) [29]	100% (28) [28]	
	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% (40) [40]	96.9% (33) [32]	
	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	**66.7%** **(15)** **[10]**	**55%** **(20)** **[11]**	**52.6%** **(19)** **[10]**	Please note that there is now new recording which is still being worked out therefore July figure could be subject to change. HSCB are now looking at number held within 15 working day of receipt of referral and also now within 15 working days of significant event
	All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after.	% = % compliance (n) = number of initial assessments completed. [n] = number completed within 14 working days.	100% (9) [9]	100% (10) [10]	100% (23) [23]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
	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	**93%** **(177)** **[164]**	**92%** **(172)** **{158]**	**91.4%** **(128)** **{117]**	
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	**35.3%** **(102)** **[36]**	**30.4%** **(112)** **[34]**	**32.4%** **(111)** **[36]**	
	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.	**88.5%** **(35)** **[31]**	**80%** **(15)** **[12]**	**85.7%** **(35)** **[30]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st December 2021, 124 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 80 Days) % = compliance (n) = breaches	100% <13 wks (0)	100% <13 wks (0)	100% < 13 wks (0)	

CHILDREN'S SERVICES

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

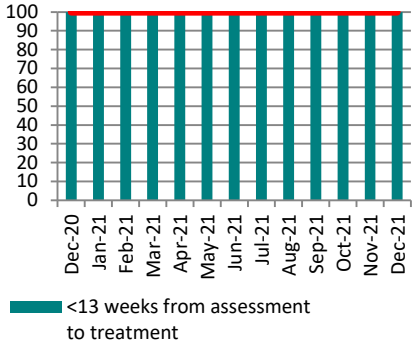
<table>
<tr><td>0 – 4 wks</td><td>13</td></tr>
<tr><td>>4 – 8 wks</td><td>0</td></tr>
<tr><td>>8 – 13 wks</td><td>0</td></tr>
<tr><td>> 13 wks</td><td>0</td></tr>
<tr><td>Total</td><td>13</td></tr>
</table>

Longest wait = 24 Days

% = compliance (n) = breaches</td>
<td>100%

(0)</td>
<td>100%

(0)</td>
<td>100%

(0)</td>
<td> 
</td>
</tr>
<tr>
<td>Unallocated Cases</td>
<td>Monitor the number of unallocated cases in Children's Services</td>
<td>n = unallocated over 20 days
(n) = total awaiting allocation at 31st December 2021

<table>
<tr><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr>
<tr><td>15
(84)</td><td>189
(199)</td><td>86
(117)</td><td>290
(400)</td></tr>
</table>
</td>
<td>214

(354)</td>
<td>230

(*)</td>
<td>290

(400)</td>
<td>
<table>
<tr><th></th><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr>
<tr><td>< 1 wk</td><td>21</td><td>1</td><td>3</td><td>25</td></tr>
<tr><td>1-4 wks</td><td>48</td><td>9</td><td>28</td><td>85</td></tr>
<tr><td>4-8 wks</td><td>14</td><td>9</td><td>26</td><td>49</td></tr>
<tr><td>> 8 wks</td><td>1</td><td>180</td><td>60</td><td>241</td></tr>
<tr><td>Total</td><td>84</td><td>199</td><td>117</td><td>400</td></tr>
</table>

<table>
<tr><th>Area</th><th>Longest Wait</th></tr>
<tr><td>Gateway</td><td>41</td></tr>
<tr><td>FIT</td><td>324</td></tr>
<tr><td>Disability</td><td>597</td></tr>
</table>
</td>
</tr>
</table>

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS Q1	PROGRESS Q2	PROGRESS Q3	PROGRESS Q4	TREND
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: **200 Individuals enrolled & setting a quit date in the service by March 2019**	70 enrolled	39 enrolled	35 enrolled		Previous figures for Q1 and Q2 included referrals to the service with totalled 1015 in 19/20 Q3 - Covid 19 resulted in decrease in referrals and staff not seeing inpatients face to face **2020/21** Referrals to service cumulative= 1,234 information & signposting to GP & Community Stop Smoking Services Cumulative = 954
		Target: **60% Quit rate at 4 weeks** n = number quit at 4 wks % = Quit rate	59 quit at 4 weeks 84% Quit rate	25 quit at 4 weeks 64% Quit rate	26 74% Quit rate		
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: **120 setting a quit date** n = number enrolled	29 enrolled	55 enrolled	40 enrolled		Q1 = 125 Referrals into service Q2 = 127 Referrals into service **2020/21** Referrals to the service Cumulative=386 Offered BIT at booking and signposted to services= Cumulative=386 Enrolled into service Cumulative=208 Quit at 4 weeks Cumulative =135 Quit rate=65%
		Target: **60% Quit rate at 4 weeks** (n) = number enrolled n = number quit at 4 wks % = Quit rate	29 enrolled 24 quit at 4 weeks 84% Quit rate	55 enrolled 39 quit at 4 weeks 70% Quit rate	34 quit at 4 weeks 85% Quit rate		

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500			221		Q3 saw an increase of active placements as volunteer roles are being reinstated based on the necessity of the role and level of risk
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72			22		Q3 shows the cumulative total for younger volunteers recruited. Q3 saw a distinct increase in recruitment of younger volunteers due to the reintroduction of face to face volunteering.

WORKFORCE AND EFFICIENCY

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2022, demonstrate a 5% reduction on absenteeism from 2020-21. 2021/22 target is 6.32% (not yet confirmed by DoH)	2020-21 Year End absence was 6.65% (target 6.44%) HR to work collaboratively with the operational Directorates to address absence figures. Note: this does not include COVID related absence	6.43% (adj.)	7.01% (adj.)	7.21% (cum.)		Q3: 2020-21 = 6.73% (cum) Q3: 2019-20 = 6.68% (cum) Q3: 2018-19 =6.65% (cum) Q3: 2017-18 = 6.82% (cum)
Induction	By March 2022, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	Oct 21 – Dec 21 = 357 New Starts (Excluding Bank Contracts) Induction Attendance Oct 21 – Dec 21 = 204 The Induction process is still being held virtually and we are still continuing to work through the backlog of staff from previous months.	14%	38%	57%		Q3: 2020-21 = 44% Q3: 2019-20 = 60% Q3: 2018-19 = 70% Q3: 2017-18 = 62%
Appraisal	Improve reported Appraisal uptake by 5% on previous year – i.e. 43% by end March 22.	End of Year Appraisal for 20/21 – 38% (New Target + 5% = 43%) The pressures of Covid-19 have impacted on manager's time available to complete appraisals.	39%	38%	35%		Q3: 2020-21 = 38% Q3: 2019-20 = 42% Q3: 2018-19 = 46% Q3: 2017-18 = 44%
	By March 2022 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 99.9% appraisal uptake at Year-end 2020-21 (target 95%).	54%	83%	93%		

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
Equality	To provide 'Working Well with Interpreters' training sessions for staff in LVH, UHD and Downpatrick during 2021-22. Two sessions in each location.	The Trust ensures that all staff who require a face-to-face interpreter have access to, and are competent to use, the Regional Interpreting Service.	30%	50%	75%		Due to the fact that face to face training has been stood down following COVID-19 guidance, the Trust has been delivering Working Well with Interpreting Training via Zoom. A total of 188 staff have to date accessed this training with excellent evaluation feedback. It is planned to deliver this training in the coming year in both virtual and face to face formats when guidelines permit. The next Zoom session is planned for February 2022
	To ensure that all Trust policies and procedures are screened and reported on a quarterly basis through the intranet.	Policies and Procedures are Equality Screened by author with advice and guidance from Equality Team. Quarterly Screening Report available on Trust Website	100%	100%	100%		QSR was published December 2021
Bank	By March 22 reduce Agency Usage within all Corporate Bank Users to 15% and increase Bank usage to 85%	Trust continues with its plan to have a Trust wide Corporate Bank and convert the areas with high agency usage to Bank	Bank 80.5% Agency 19.5%	Bank 79.6% Agency 20.4%	Bank 78.5% Agency 21.5%		Total excluding MHIPU and Prison Healthcare: Bank 83.5% Agency 16.5%
	By March 22 to increase the Users of the Corporate Bank Service by 10%		0%	5.8%	6.3%		Net growth at Qtr 3 with an increase of 17 new clients in Social Work and vaccination centres. Client Base now 290.

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
Single Employer	By end February 2022 all Junior medical staff in the Trust will have transferred employment to Single Employer (a separate legal entity from NIMDTA).	This process will be on a phased basis based on speciality numbers, with some management and operational responsibilities remaining with the host Trust. From February 2022, all junior doctors and dentists in training will hold one contract of employment which will apply throughout their training career.	35%	75%	100%		Transfer of all Junior Doctors to Single Employer payroll has been successfully completed.
Staff Well-Being	To increase the number of staff engaging in health & wellbeing activities	21 initiatives / programmes delivered in Q1 All initiatives promoted on livewell site	10 programmes delivered 921 staff attended 137 sessions delivered	16 programmes delivered 1087 staff attended 120 sessions delivered	14 Programmes delivered 1,329 staff attended 101 sessions		Covid 19 – all group session stopped 18 programmes delivered via Zoom 337 sessions 1,852 staff participated In Q3 More Move Lose More was launched which has led to an increase in sessions and staff participation rates **Q3** All session delivered via zoom with recorded sessions on some activities uploaded onto livewell site.
	To deliver & promote Staff Health Checks	This service is delivered by NI Chest Heart & stroke	update will be provided in Q2	153 wellbeing checks delivered to staff in Q1 & Q2	9 Wellbeing health checks delivered		Q3 & Q4 Covid 19- Health Checks now being delivered online Wellbeing checks continue to be delivered via zoom

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31st March 2020	Trust is forecasting a year end breakeven position, The Trust Delivery Plan (TDP) details measures on how the Trust will address an identified deficit of £3.6m, due to emerging pressures in 2018-19. The plan is reliant on the Trust identifying £0.75m in savings over the second half of the financial year. The Trust has made progress in addressing some of the shortfall. However a deficit of £0.55m remains. The Trust will continue to identify further savings/cost control measures of this value by year-end					