South Eastern Health and Social Care Trust

Paper No. SET/32/2022

Integrated Performance Management & Accountability Framework
Corporate Scorecard
April 2022

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.

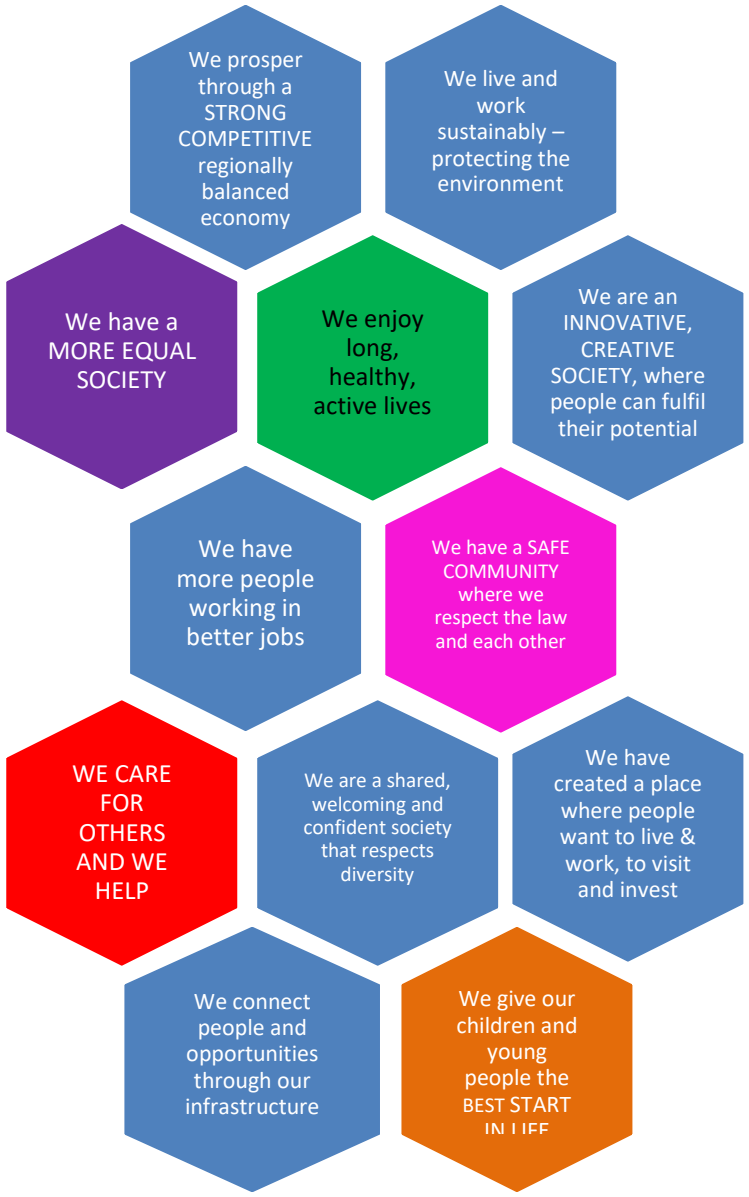
Glossary of Terms

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

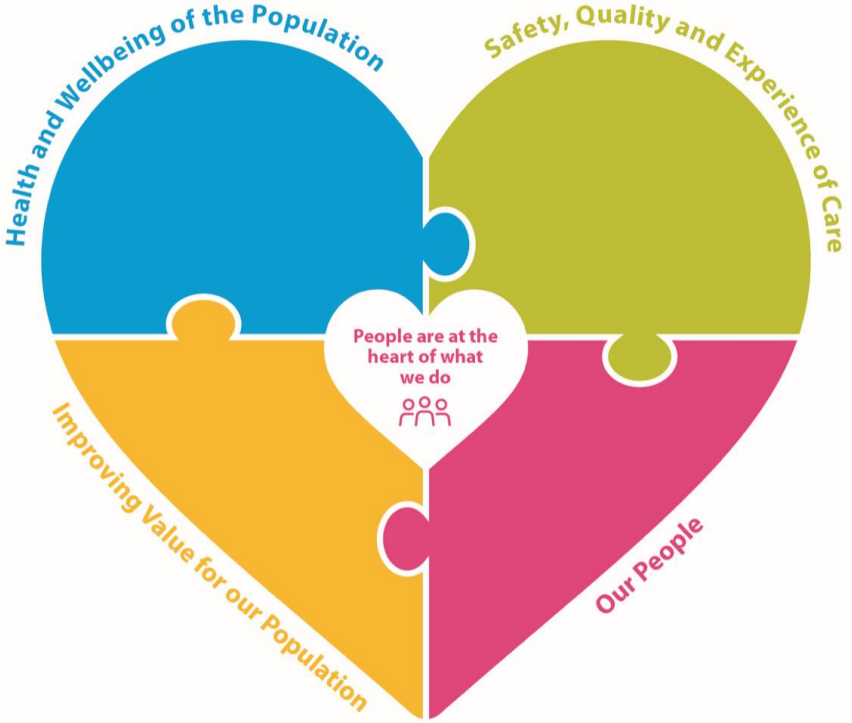
Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

South Eastern Health and Social Care Trust



Quality 4 All

Safety & Quality of Care
Nursing & Midwifery Assurance Report
May 2022

Background

As part of our Quality 4 All strategy we aim to improve the safety quality and experience of care. This includes:

- Minimising avoidable harm
- Learning from when things go well and when things go wrong
- Promoting opportunities to create improvement
- Using high quality evidence and analysis to continuously improve practice
- Encouraging staff to innovate and transform.

This report provides the evidence in the form of the regionally commissioned Nursing Key Performance Indicators which is presented with patient outcome data to provide assurance/focus for continuous improvement in practice that will translate into action plans to minimise avoidable harm.

NB: The regionally agreed target for commissioned nursing KPIs is 95%. The overall compliance is calculated on the number of charts audited against the number fully compliant i.e. one question answered as 'No' results in a fail of the entire chart/bundle. There are regional discussion underway to address this.

All data is reported one month in arrears, data is correct from 05/05/2022

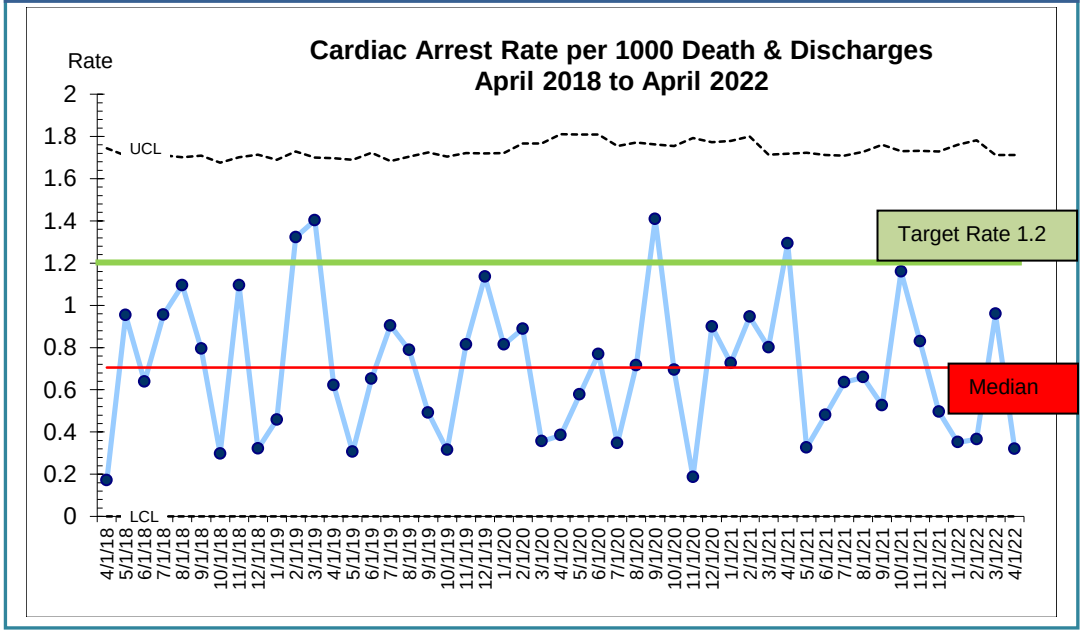
SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.05.2022

NEWS COMPLIANCE APRIL 2022

87%

EVIDENCE OF PRACTICE APRIL 2022

PATIENT OUTCOMES:



KEY LEARNING:

- Improvement required in relation to evidencing clinical observations undertaken to the appropriate frequency.
- Improvement required in relation to evidencing timely & appropriate escalation of the deteriorating patient.
- Following validation audit (Feb 22) exploring new ways of analysing & presenting data to inform improvement.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

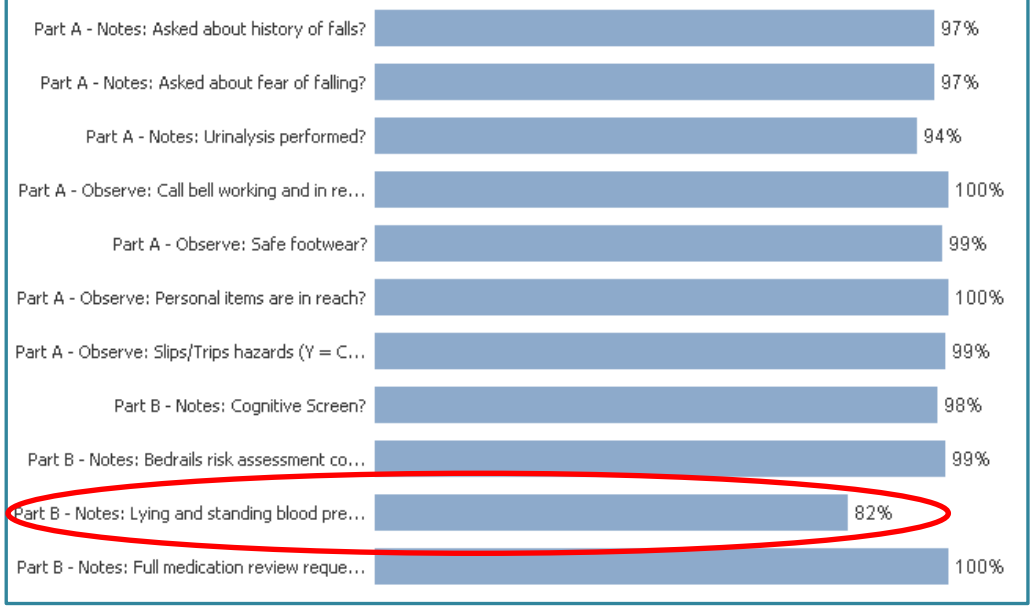
- Highlight key learning through appropriate forums in Nursing and Midwifery as well as escalation to the 'Deteriorating Patient' group & 'Safety & Quality Committee'

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.05.2022

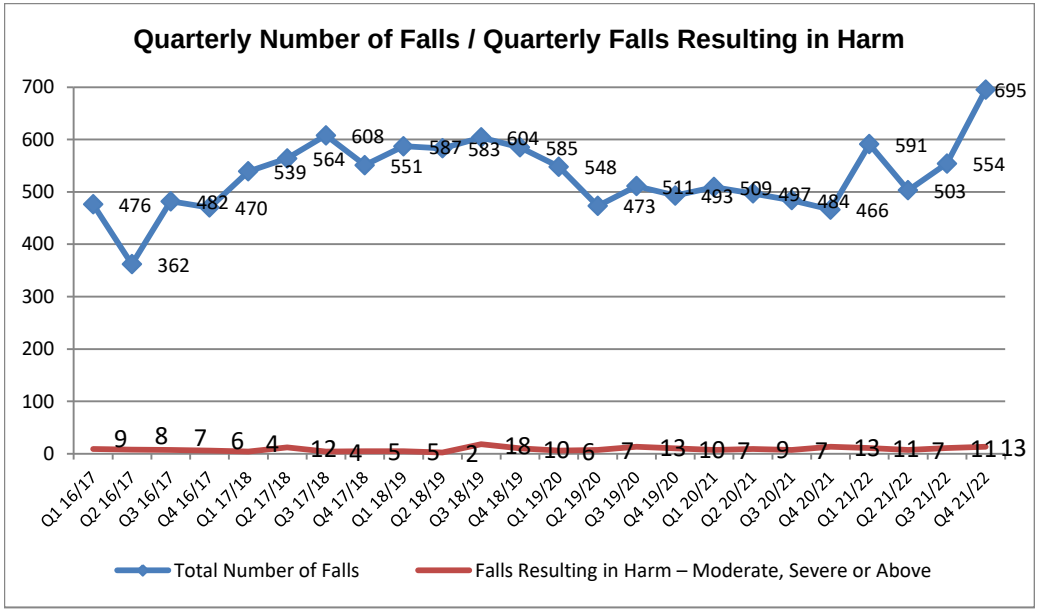
FALLS COMPLIANCE APRIL 2022

75%

EVIDENCE OF PRACTICE APRIL 2022



PATIENT OUTCOMES:



KEY LEARNING:

- This Regional KPI measures compliance with completing the FALLS SAFE risk assessment tool at one point in time. It does not measure on-going preventative interventions/plans of care reflecting the patients risk of falling. We are currently in regional discussions relating to the review of this KPI.
- There has been an increase in the number of inpatient falls in quarter 3 & 4 of 2021-2022; however the number of falls resulting in moderate or severe harm for Quarter 4 of 2021-2022 is 1.8%.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

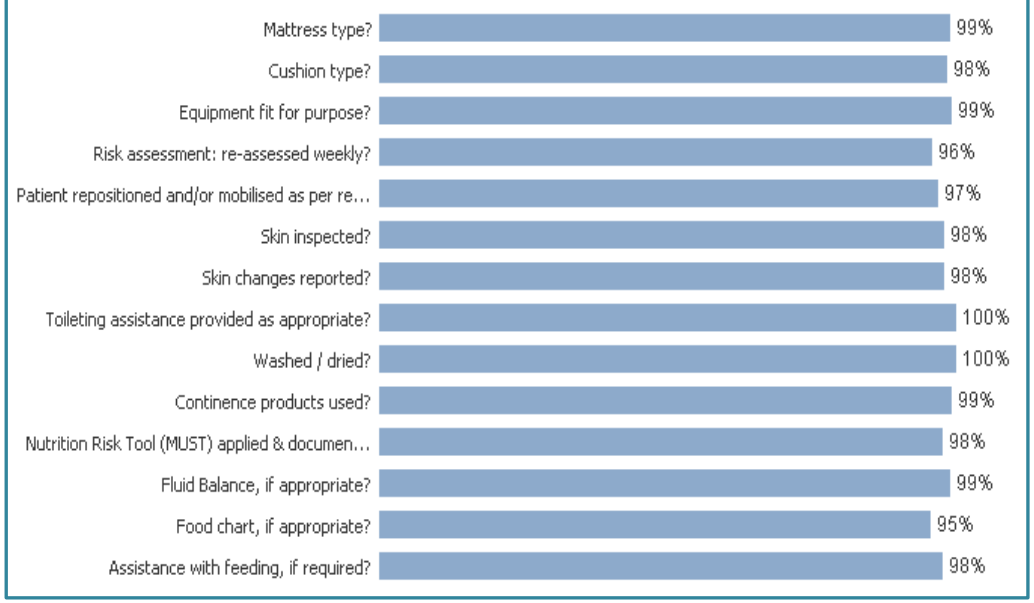
- Comprehensive teaching programme within hospital services.
- Root cause analysis for all incidents of falls resulting in moderate to severe harm with local & Trust wide dissemination of learning via Nursing & Midwifery forums.
- Bespoke training for clinical areas presenting with high incidence of falls.
- Weekly frequent faller reviews.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.05.2022

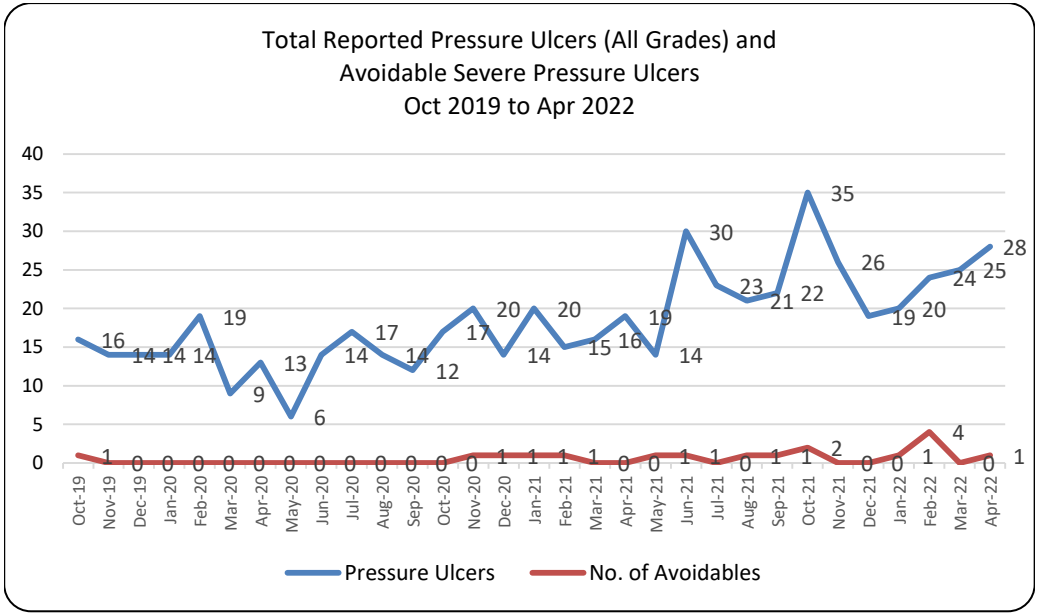
SSKIN COMPLIANCE APRIL 2022

79%

EVIDENCE OF PRACTICE APRIL 2022



PATIENT OUTCOMES:



KEY LEARNING:

- 11 severe pressure ulcers were reported, only one of which could have been prevented. Root cause analysis was carried out to establish the learning from this incident.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

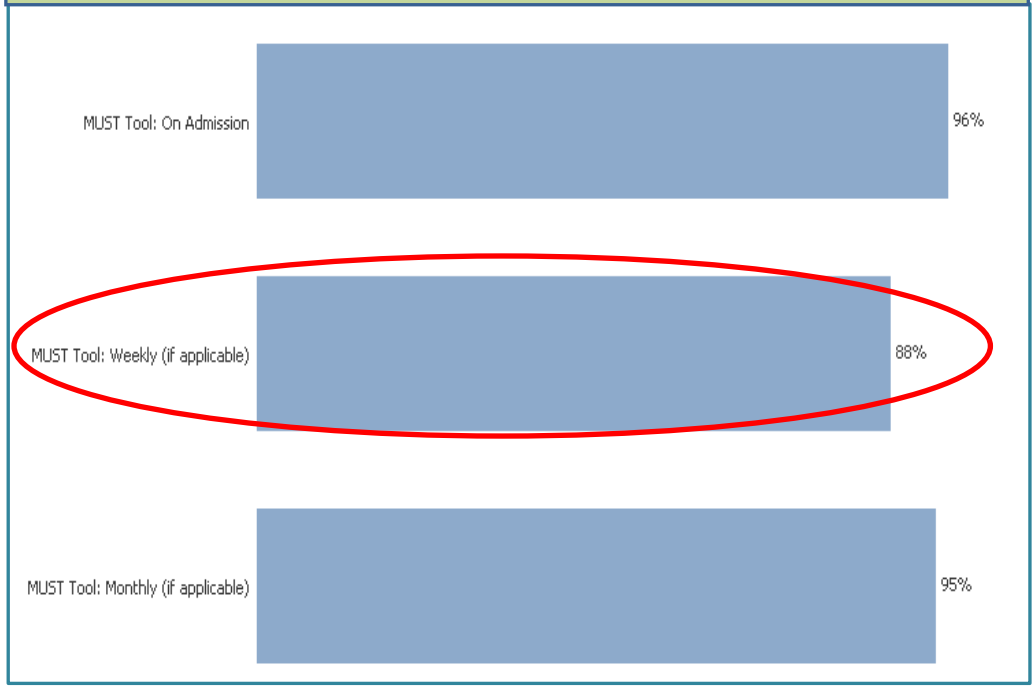
- Comprehensive teaching programme within hospital services.
- Bespoke training for clinical areas with specific needs e.g. emergency department
- Regional review of this KPI to reflect the initiation of preventative measures.
- Regional review of SSKIN bundle to evidence preventative measures.
- New regionally agreed SSKIN Bundle will carry forward to HSC digital transition - Encompass.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.05.2022

MUST COMPLIANCE APRIL 2022

92%

EVIDENCE OF PRACTICE APRIL 2022



KEY LEARNING:

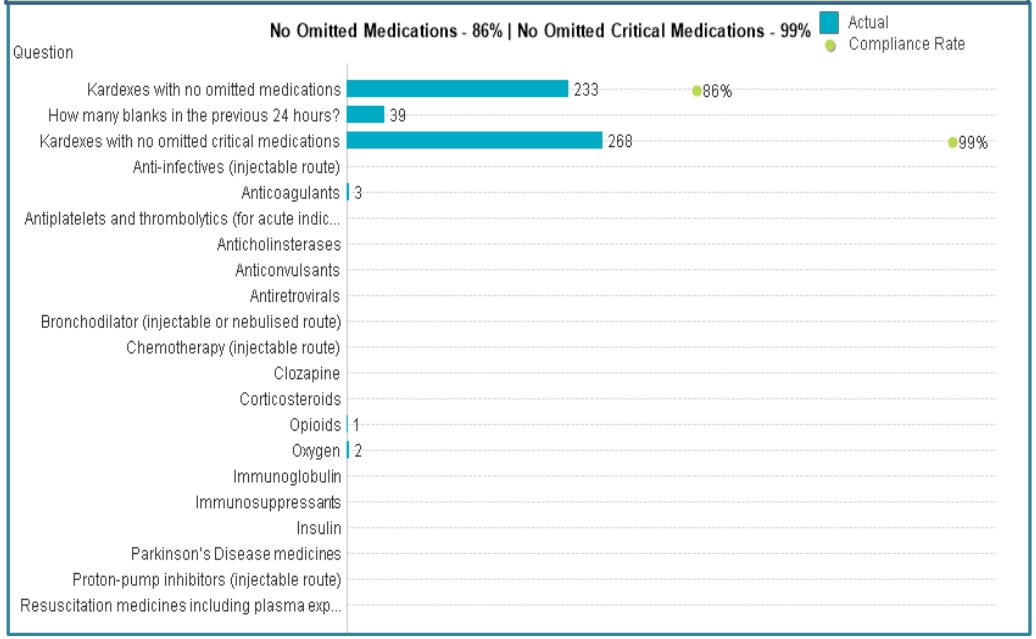
- MUST is a malnutrition screening tool used to establish nutritional risk in adults. This regional KPI currently measures compliance with completing the tool at given time points, it does not however measure outcomes, based on established risk. We are currently in regional discussions relating to the review of this KPI.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.05.2022

OMITTED MEDS APRIL 2022

86%

EVIDENCE OF PRACTICE APRIL 2022



PATIENT OUTCOMES:

- 14% of patients had a minimum of one omitted medication
- 1% of patients had a critical medicine omitted

KEY LEARNING:

- This regional KPI does not provide the detail required to determine the cause or effect of omitted medication, local investigations are needed to determine this.
- The February 2022 KPI Validation Audit revealed that omitted medications are an area for improvement across all clinical areas.

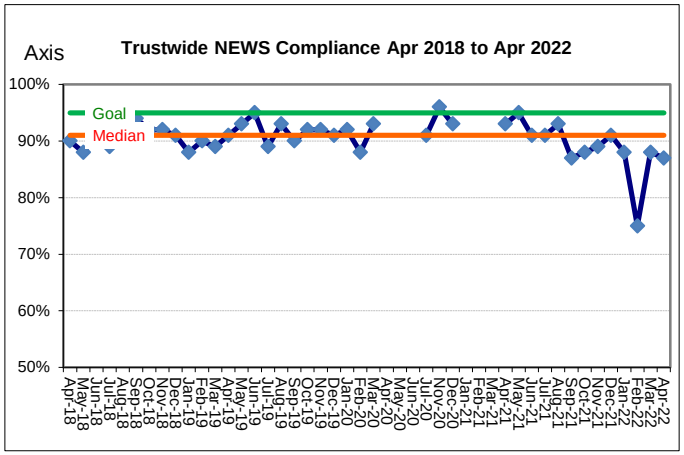
ACTION PLAN TO MINIMISE AVOIDABLE HARM:

- Omitted medications is now a focus for the Trust 'Closing the Loop Group' with the recommendation to establish a trust wide Task and Finish Group which will take forward initiatives to minimise the number of omitted and delayed medications.
- Regional work is being re-ignited relating to the potential replacement of this KPI with the WHO medication safety challenge – Medication Without Harm. SEHSCT are actively participating in these discussions.

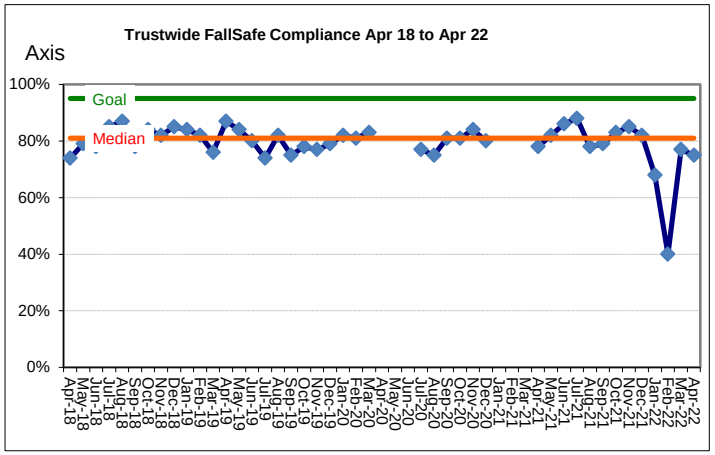
SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.05.2022

Nursing & Midwifery KPI Trends

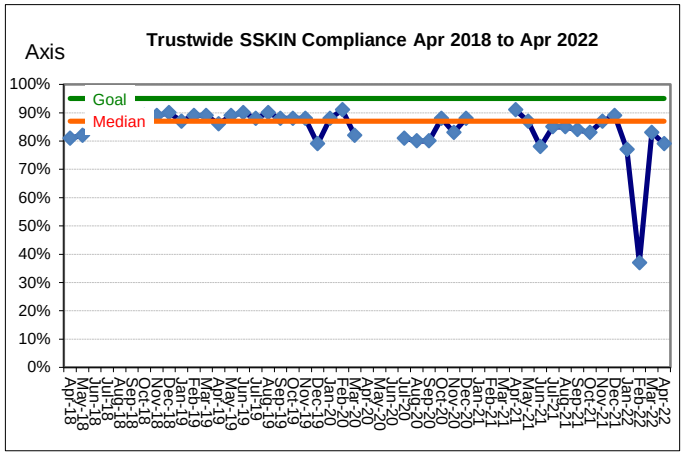
NEWS



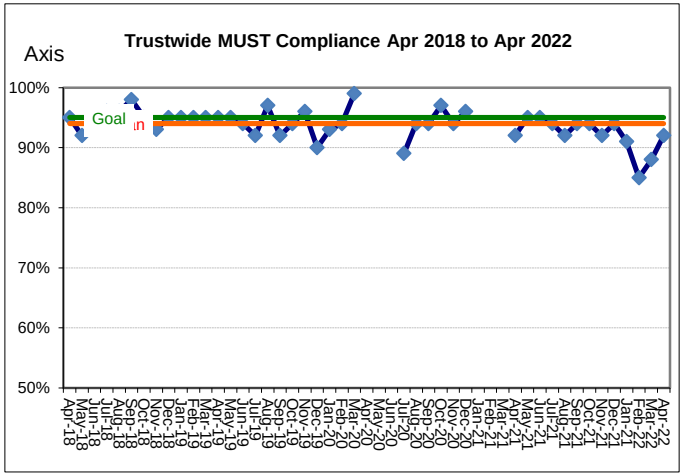
FALLS



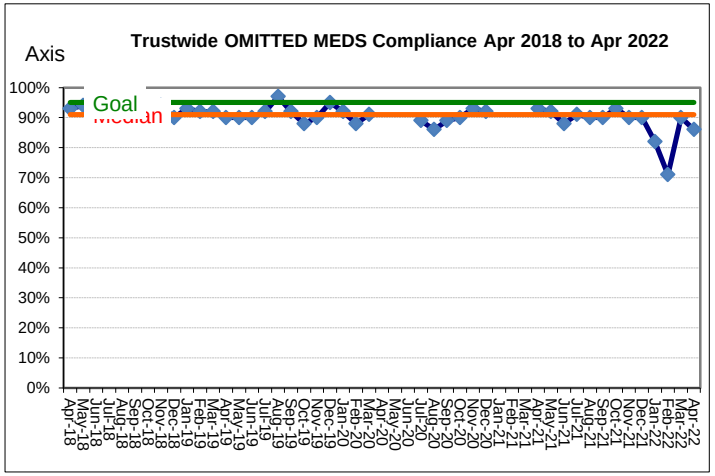
SSKIN



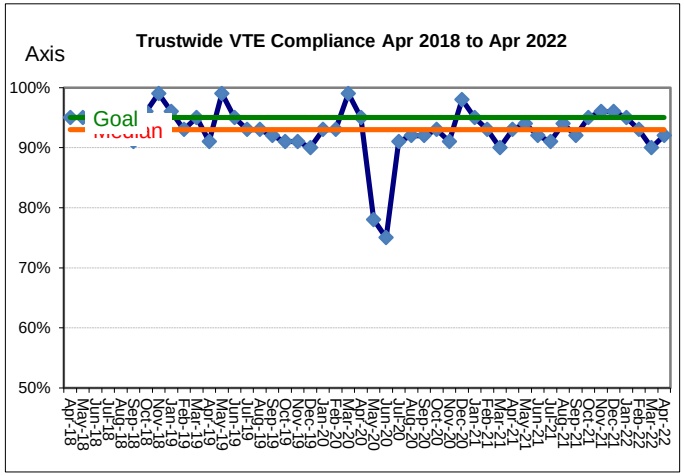
MUST

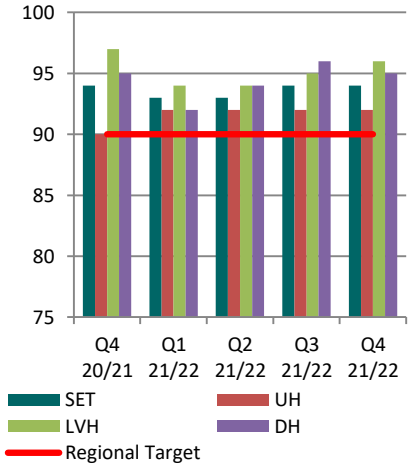


OMITTED MEDS



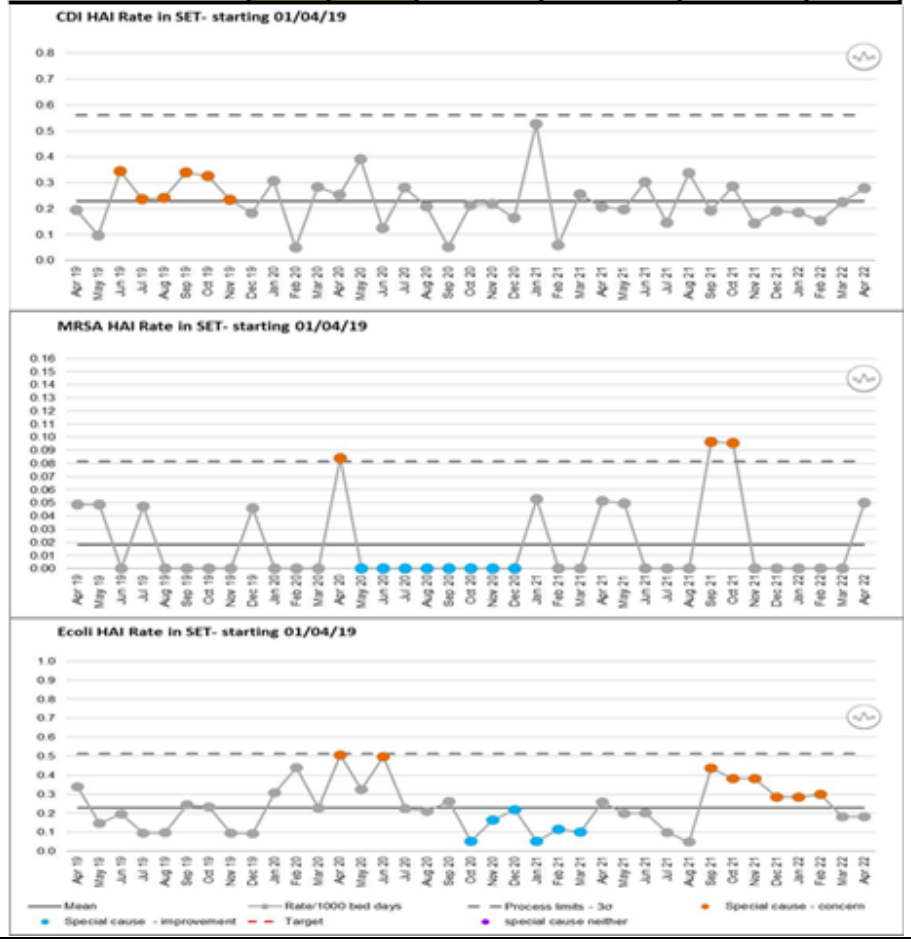
VTE

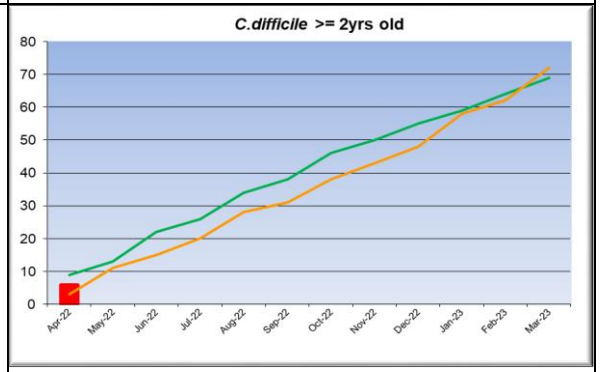


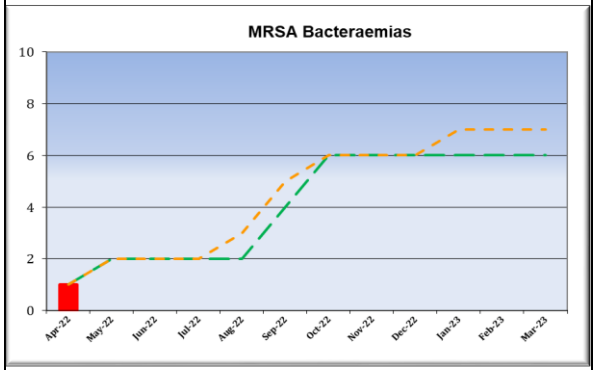
TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	The Policy for The Provision and Management of Cleaning Services issued by the DHSSPS in January 2015 requires Very High 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 93%	SET 93%	SET 94%	SET 94%	
			UH 90%	UH 92%	UH 92%	UH 92%	UH 92%	
			LVH 97%	LVH 94%	LVH 94%	LVH 95%	LVH 96%	
			DH 95%	DH 92%	DH 94%	DH 96%	DH 95%	

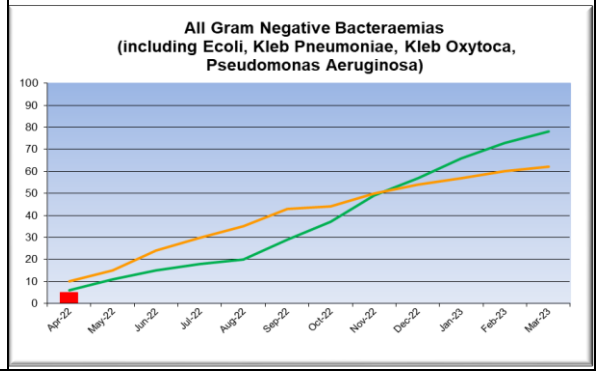
TITLE	Target	NARRATIVE	PERFORMANCE	TREND
HCAI	No new Targets have yet been set by PHA. The last targets set by PHA were that by March 2020 secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection (CDI) in patients aged 2 years and over, and episodes of 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.	**2021/22**: CDI: 16 ≤ 48 hours : 53 > 48 hours MRSA:0 ≤ 48 hours, :6 > 48 hours **2022/23**: CDI: 0 ≤ 48 hours : 6 > 48 hours MRSA:0 ≤ 48 hours, :1 > 48 hours **Please Note:** *As of April 2022 C.difficile* surveillance episode rules have changed to >48 hrs being the established time point at which an episode is deemed to be Hospital Acquired Infection from the previous >72hrs. This change brings N.Ireland in line with epidemiology protocols used throughout UK and Europe		

~ based on 19/20 Targets	Target 21/22~	Outturn 21/22	Target 22/23~	Target no. of cases / month	Avg cases as of end of Apr	Apr Episodes
C.difficile	55	69	55	4.58	6	6
MRSA	5	6	5	0.42	1	1
All Gram Negative#	39	78	39	3.25	5	5









Current
21/22
20/21

SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Outpatient waits	Min 50% <9 wks for first appt		18.0%	14%	15%	15%	15%	14%	14.4%	14.4%	16.3%	13.4%	13.1%	13.5%	14.5%	14.8%
	All <52 wks		54.8%	36.6%	37.8%	38.8%	39.2%	39.4%	39.7%	39.6%	39.8%	39.6%	39.6%	40.1%	40.1%	40.8%
Diagnostic waits	Imaging 75% <9 wks		56.5%	71.2%	74.5%	81.2%	79.9%	77.3%	85.7%	88.0%	88.7%	83.8%	84.7%	86.2%	83.4%	79.4%
	Physiological Measurement <9 wks		45.1%	54.7%	54.9%	54.9%	51.1%	43.9%	48.8%	48.3%	60.8%	55.7%	51.9%	59.2%	63.5%	54.9%
	Diag Endoscopies	< 9 wks	70%	34.7%	33%	31%	30%	29%	28%	28%	27%	25%	21.6%	22.2%	20.4%	21.9%
		< 13 wks	59%	34%	37%	44%	46%	49%	46%	52%	53%	49%	50.4%	51.9%	53.1%	52.9%
Inpatient & Daycase Waits	Min 55% <13 wks		53%	27%	28%	28%	27%	26%	25%	25%	27%	27%	25.2%	23.9%	23.9%	24.6%
	All <52 wks		78%	57%	58%	57%	57%	57%	57%	57%	57%	57%	56.5%	55.9%	54.7%	55.2%
Diagnostic Reporting	Urgent tests reported <2 days		84.9%	73.1%	83.5%	82.1%	73.6%	75.5%	66.6%	71.9%	76.9%	72.4%	75.8%	70.1%	69.7%	71.5%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	70.4%	71%	70.8%	69.6%	66.5%	64.4%	62.3%	62.5%	63.7%	59.6%	61.4%	61%	61.3%	60.6%
		12hr breaches	977	730	1020	1172	1086	1323	1271	1393	1329	1315	1348	1346	1506	1415
	UHD	4hr performance	58.8%	60.7%	60.2%	57.9%	52.0%	48.6%	49.7%	50.8%	50.4%	47.2%	49.6%	48.5%	48.2%	46.8%
		12hr breaches	939	730	1019	1166	1081	1322	1268	1393	1324	1314	1344	1346	1502	1412
	LVH	4hr performance	73.8%	79.8%	81.5%	79.1%	81.1%	79.3%	75.1%	80.6%	82.6	79.9%	78.4%	77.6%	77.3%	77.7%
		12hr breaches	4	0	1	4	5	1	3	2	3	1	4	0	4	3
	DH	4hr performance	85.3%	100%	99.7%	99.7%	99.7%	99.2%	99.3%	99.2%	98.2%	99.1%	99.1%	98.3%	98.6%	98.7%
		12hr breaches	2	0	0	0	0	0	1	0	2	0	0	0	0	0
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		87.9%	89.8%	88.6%	85.0%	80.6%	80.8%	80.4%	83.1%	84.9%	82.3%	81.5%	80.9%	79.9%	78.6%
Non Complex discharges	ALL <6hrs		87.9%	82.1%	83.0%	81.2%	81.3%	80%	84.3%	82%	80.7%	84.5%	83.2%	86.6%	84.6%	85.7%
Hip Fractures	>95% treated within 48 Hours		80%	71%	100%	88%	86%	64%	81%	80%	68%	67%	80%	96%	76%	64%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		17%	16.7%	13.3%	11.6%	4.3%	18.1%	26.8%	10.8%	27%	13%	18%	7.1%	14.6%	20%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		32%	62%	63%	56%	42%	35%	42%	31%	43%	60%	67%	41%	55%	54%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)		100% (0) {14}	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}	12.3% (227) {58}	8.9% (219) {45}	11.2% (237) {48}	16.5% (224) {37}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		95% (4)	97% (4)	97% (3)	96% (5)	95% (6)	93% (9)	92% (13)	94% (8)	90% (18)	94% (10)	79% (48)	84% (30)	87% (18)	92% (7)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach												Qtrly in arrears			
	Psoriasis (n) - Breaches												Qtrly in arrears			

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance0

Service Area	Indicator		FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		94.6%	76.6%	88.3%	96.3%	86.7%	87.5%	87.7%	99.3%	98.9%	98.1%	89.9%	95.9%	98.5%	97.6%
	% routine tests reported <28 days (Target formerly 100%)		96.2%	93.1%	94.8%	99.8%	99.4%	98.0%	96.6%	98.9%	99.9%	99.9%	99.0%	99.8%	99.9%	99.8%
% Operations cancelled for non-clinical reasons	COVID PRESSURES – 26 UHD, 9 DH, 15 LVH	SET	1.3%	0.8%	0.5%	1.1%	1.9%	**2.1%**	1.6%	1.6%	1.4%	**3.1%**	**4.0%**	**3.7%**	**4.9%**	**3.0%**
		UHD	1.5%	0.5%	0.7%	0.8%	1.7%	**2.7%**	1.7%	1.1%	1.6%	1.7%	**3.1%**	**2.5%**	**4.1%**	**2.2%**
		LVH	1.5%	1.8%	0.7%	0.5%	**2.7%**	1.9%	1.4%	**3.3%**	1.4%	**6.4%**	**7.8%**	**6.5%**	**8.3%**	**4.1%**
		DH	0.4%	0.2%	0%	0.9%	1.6%	0.4%	1.7%	0.8%	1.0%	**2.6%**	**2.3%**	**3.2%**	**2.8%**	**4.7%**
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 67%**	Cum 82%	Cum 84%	Cum 86%	Cum 86%	Cum 84%	Cum 85%	Cum 84%	Cum 84%	Cum 84%	Cum 84%			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 82.6%	Cum 94%	Cum 92%	Cum 92%	Cum 89%	Cum 91%	Cum 92%	Cum 92%	Cum 92.7%	Cum 93.3%	Cum 93.3%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		11220	12151	13147	13716	12901	12575	12188	11617	10926	10652	10566	9865	12169	11690
	Ulster Hospital		7328	8829	9582	9801	9133	8788	8695	8660	7984	8043	7960	7338	8899	8509
	Lagan Valley Hospital		2105	2064	2173	2355	2229	2198	2391	1979	1878	1758	1640	1638	2031	1937
	Downe Hospital (inc w/end minor injuries)		1787	1258	1392	1560	1539	1589	1102	978	1064	851	966	889	1239	1244
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		9.8%	8.2%	8.3%	9.0%	9.6%	9.5%	10.0%	10.3%	9.9%	11.4%	11.6%	10.3%	10.9%	10.4%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		**10.8%**	23.2%	26.0%	**9.1%**	**0.6%**	**5.0%**	**-7.7%**	**-13.3%**	**-8.7%**	**-15.3%**	**-12.1%**	**-24.8%**	**-19.3%**	**9.8%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5622	5200	6356	4888	4871	5551	5053	5243	4224	4933	4960	5784	5412	5622
Other Operative Fractures	>95% within 48hrs		**75%**	**63%**	**85%**	**66%**	**78%**	**59%**	**69%**	**70%**	**76%**	**42%**	**60%**	**87%**	**76%**	**54%**
	100% within 7 days		100%	96%	100%	97.6%	**94.5%**	**81.8%**	**91.4%**	**97.8%**	**97.1%**	**79%**	**82.9%**	**93.3%**	97.3%	100%
Stroke	No of patients admitted with stroke		35	36	45	43	46	44	41	37	37	48	37	28	41	40
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**33.3% (262)**	**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)**	**15.1% (499)**	**20.1% (502)**	**15.9% (539)**	**9.1% (586)**
		Ophth	**31.0% (361)**	**19.8% 235**	**14.1% (225)**	**2.6% (229)**	100% (0)	100% (0)	100% (0)	Not recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded

HOSPITAL SERVICES

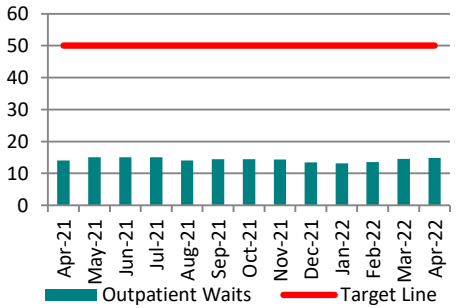
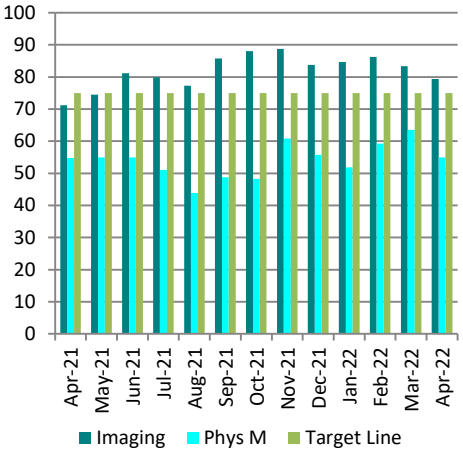
Directorate KPIs and SQE Indicators

Service Area	Indicator	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	7.9	5.4	6.0	6.9	6.4	6.9	7.5	8.0	7.8	7.3	8.3	8.3	8.3	7.7
	Ave LOS trimmed	5.8	4.3	4.5	5.2	5.1	5.5	5.8	5.8	6.1	5.8	6.4	5.9	6.0	5.8
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	11.5	8.9	7.8	9.4	8.1	7.9	9.9	9.4	10.8	11.7	12.4	14.5	15.5	11.1
	Ave LOS trimmed	7.2	6.1	6.0	6.6	5.8	5.3	6.4	6.0	6.6	7.2	8.1	8.4	7.7	7.3
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**68.1%**	**58.8%**	**53.1%**	**40.9%**	**41.3%**	**34.8%**	**35.3%**	**31.6%**	**33.4%**	**35.2%**	**30.0%**	**32.0%**	**28.9%**	**31.4%**
	% NEW attendances who left without being seen (Target < 5%)	2.4%	2.4%	2.9%	3.7%	**5.3%**	**5.2%**	**5.1%**	4.7%	3.4%	4.4%	3.9%	4.6%	**5.5%**	**5.5%**
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.7%	4.2%	4.4%	4.8%	3.6%	3.8%	4.4%	3.7%	4.7%	4.1%	3.6%	3.6%	4.0%	3.9%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	53.4%	59.5%	54.7%	46.9%	41.7%	39.1%	40.2%	42.5%	42.3%	40.5%	39.4%	39.7%	34.9%	34.8%

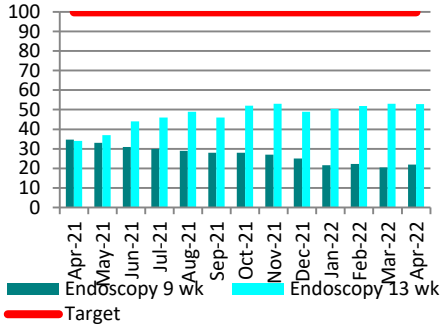
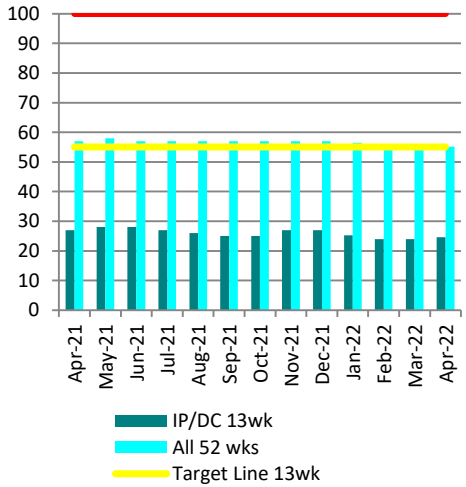
Hospital Services – Corporate Issues

Service Area	Indicator	MAR 21	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR
Complaints	How many complaints were received this month?	19	27	22	32	28	25	19	23	31	20	23	34	26
	What % were responded to within the 20 day target? (target 65%)	**11%**	**30%**	**36%**	**44%**	**25%**	**48%**	**37%**	**30%**	**58%**	**45%**	**39%**	**35%**	**27%**
	How many were outside the 20 day target?	17	20	15	18	21	13	12	16	13	11	14	22	19
Freedom of Information Requests	How many FOI requests were received this month?	11	8	6	5	10	11	13	10	9	9	10	10	8
	What % were responded to within the 20 day target? (target 100%)	**55%**	**0%**	**17%**	**40%**	**60%**	**18%**	**23%**	**20%**	**22%**	**33%**	**30%**	**10%**	**25%**
	How many were outside the 20 day target?	5	8	5	3	4	9	10	8	7	6	7	9	6

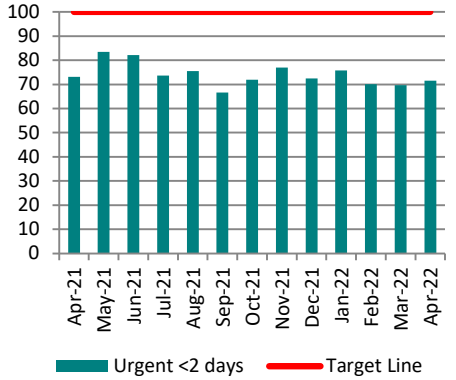
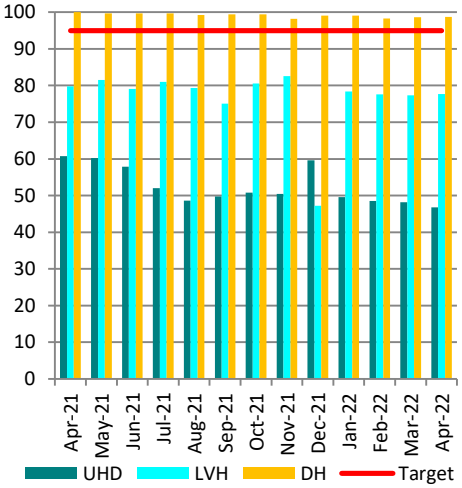
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE FEB 22	PERFORMANCE MAR	PERFORMANCE APR	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	**13.5%** **[78527]** **(67954)** **{47006}**	**14.5%** **[78360]** **(67020)** **{46970}**	**14.8%** **[78091]** **(66551)** **{46235}**	
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.*	86.2% [10918] (1511) {285}	83.4% [12475] (2069) {374}	79.4% [13115] (2706) (434)	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**59.2%** **(2341)** **{822}**	**63.5%** **(2066)** **{816}**	**54.9%** **(2627)** **{857}**	
	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)	**22.2%** **3993** **(3105)**	**20.4%** **3913** **(3113)**	**21.9%** **4017** **(3138)**	

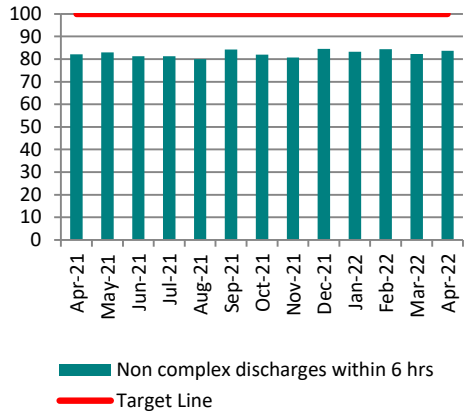
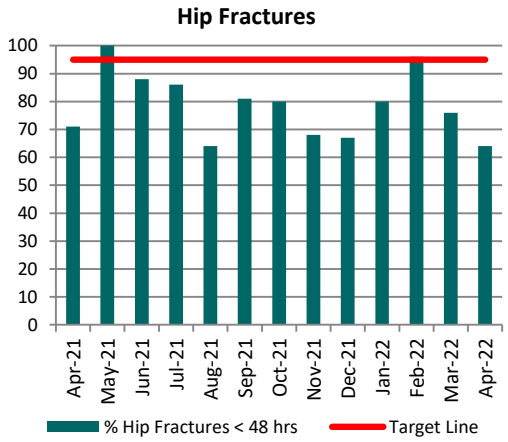
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB 22	MAR	APR	
	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	**51.9%** **953** **(458)**	**53.1%** **999** **(469)**	**52.9%** **1031** **(486)**	
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	**23.9%** **(10998)**	**23.9%** **(10964)**	**24.6%** **(11004)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**55.9%** **(6381)**	**54.7%** **(6530)**	**55.2%** **(6542)**	

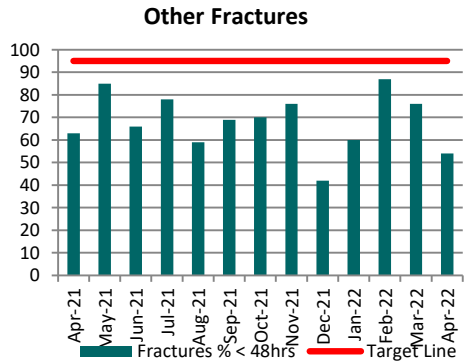
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB 22	MAR	APR	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In February 2022, of 3735 total urgent tests reported, 2584 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**70.1%** **(1151)** **[3735]**	**69.7%** **(1100)** **[3626]**	**71.5%** **(1094)** **[3843]**	
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** **10673** **[6511]** **61%** **(1346)**	**SET** **13138** **[8049]** **61.3%** **(1506)**	**SET** **12627** **[7656]** **60.6%** **(1415)**	
			UH **7338** **(3558)** **48.5%** **(1346)**	**UH** **8899** **(4288)** **48.2%** **(1502)**	**UH** **8509** **[3985]** **46.8%** **(1412)**	
			LVH **1638** **[1271]** **77.6%** **(0)**	**LVH** **2031** **[2031]** **77.3%** **(4)**	**LVH** **1937** **[1506]** **77.7%** **(3)**	
			DH 889 [874] 98.3% (0)	DH 1239 [1219] 98.6% (0)	DH 1244 [1228] 98.7% (0)	

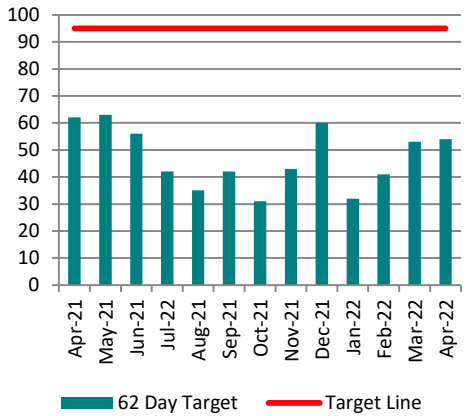
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB 22	MAR	APR	
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	**84.4%** **1896** **(295)**	**82.2%** **2245** **(399)**	**83.6%** **2136** **(350)**	
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	96% 28 (27) [1]	**76%** **42** **(32)** **[10]**	**64%** **33** **(21)** **[12]**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB 22	MAR	APR	
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	**87%** **30** **(26)** **[4]** **{2}**	**76%** **37** **(28)** **[9]** **{1}**	**54%** **39** **(21)** **[18]** **{0}**	
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	**7.1%** **2** **(28)**	14.6% 6 (41)	20% 8 (40)	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 69 SET CBYL referrals received during April 2022. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% 65 [0]	100% 64 [0]	100% 69 [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB 22	MAR	APR	
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 Apr 47.5 patients were seen. There were 22 breaches involving 28 patients, of whom 6 were shared Revisions post patient pathway confirmation and pathology validation:- Feb was 41% 87 (51) now, 41% 87.5 (51.5) Mar was 53% 48.5 (23) now, 55% 71.5 (32)	**41%** **87.5** **(51.5)**	**55%** **71.5** **(32)**	**54%** **47.5** **(22)**	
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	**8.9%** **[233]** **237** **(219)** **{45}**	**11.2%** **[296]** **267** **(237)** **{48}**	**16.5%** **[223]** **224** **(224)** **{37}**	
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	**84%** **182** **(30)**	**87%** **135** **(18)**	**92%** **88** **(7)**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB 22	MAR	APR	
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	**-24.8%** **2501** **(897)**	**-19.3%** **2390** **(786)**	**9.8%** **1808** **(204)**	Target - reduce number hospital cancellations by 20%. Target 1604 or less per month.
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches				
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches				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	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Allied Health Professions waits	All < 13 weeks	**93.6%**	**75.6%**	**77.7%**	**79%**	**77.6%**	**75.9%**	**70.4%**	**69.7%**	**70.4%**	**67.6%**	**68.8%**	**70.1%**	**72.5%**	**71.6%**
Complex Discharges	Min. 90% <48hrs (SET TOR)	**77.4%**	**71.7%**	**70.7%**	**64.1%**	**64.8%**	**65.6%**	**62.9%**	**60.5%**	**62.3%**	**64.6%**	**55.9%**	**60.6%**	**55.1%**	**59.1%**
	Min. 90% <48hrs (SET in SET beds)	**77.2%**	**69.7%**	**70.5%**	**63.3%**	**65%**	**65.0%**	**60.6%**	**58.6%**	**60.9%**	**64.5%**	**54.3%**	**59.1%**	**54.3%**	**54.1%**
	Min. 90% <48hrs (All in SET beds)	**75.5%**	**61.9%**	**63.6%**	**59.7%**	**57%**	**59.8%**	**56.9%**	**51.3%**	**54.4%**	**60.8%**	**50.1%**	**54.9%**	**49.3%**	**51.0%**
	Number complex discharges	**440**	**381**	**354**	**395**	**370**	**368**	**339**	**349**	**360**	**393**	**357**	**288**	**400**	**355**
	ALL <7days	**94.5%**	**92.6%**	**93.2%**	**92.2%**	**85.7%**	**87%**	**87.6%**	**87.7%**	**85.6%**	**90.3%**	**82.9%**	**85.8%**	**78.5%**	**81.1%**
	SET and Other TOR	**95.3%**	**94.9%**	**96.5%**	**92.5%**	**89.4%**	**89.1%**	**88.0%**	**90.1%**	**90.2%**	**92.2%**	**85.4%**	**88.5%**	**80.7%**	**83.1%**
	Belfast TOR	**91.4%**	**86.7%**	**85%**	**90.8%**	**73.6%**	**81.4%**	**86.4%**	**80.2%**	**72.3%**	**83.7%**	**75.6%**	**77.1%**	**70.8%**	**75.3%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Q3 751 c. 2088	Quarter 1 529			Quarter 2 544 (cum 1073)			Quarter 3 564 (cum 1637)			**Reported Quarterly in Arrears**			
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**85%**	**88%**	**87%**	**83%**	**80%**	**82%**	**84%**	**80%**	**80%**	**80%**	**81%**	**86%**	**84%**	**75%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**33.3% (489)**	**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)**	**13.3% (1033)**	**13.7% (971)**	**16.0% (959)**	**13.8% (953)**
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Q3 460 c. 1289	Quarter 1 605			Quarter 2 560 (cum 1165)			Quarter 3 540 (cum 1705)			Quarter 4 456 (cum 2161)			
Direct Payments	By March 2018, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	182	221	219	218	223	226	229	228	233	236	230	229	239	240
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 c. 17701 7.5 Hrs	Quarter 1 66 652 hours			Quarter 2 62014 Hours (cum 128666 Hours)			Quarter 3 56, 687 (cum 185 353 Hours)			Quarter 4 50, 000 (cum 235, 353 Hours)			

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Assess and Treat Older People	Main components of care needs met <8 weeks (n) = breaches		97%	98.7%	100%	100%	100%	100%	99%	99%	96.9%	100%	97%	**94.4%**	97.8% (2)	95% (4)
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches This is a regional service.		**65% (28)**	**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)**	**67.1% (27)**	**66.3% (35)**	**70% (27)**	**63.8% (31)**
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	74.6% (395)	**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)**	**21.9% (3130)**	**23.7% (3292)**	**24.5% (3761)**	**22.6% (3963)**
		<52wks	99.8% (3)	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)**	**97.1% (115)**	**95% (215)**	**94.9% (256)**	**93.5% (335)**

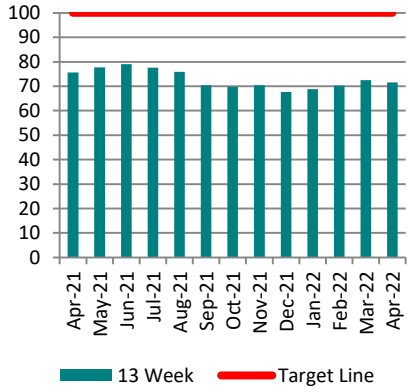
Directorate KPIs & SQE Indicators

Service Area	Indicator	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Short Term Assessment Team	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	**38%**	42%	53%	42%	55%	50%	**30%**	44%	**35%**	42%	41%	**30%**	**26%**	**36%**
	% of clients discharged from Discharge to Assess with no on-going care package	63%	63%	62%	65%	56%	65%	61%	64%	70%	58%	64%	68%	63%	63%
	% of clients discharged following STAT Social Work Assessment with no on-going care package	10%	4%	4%	8%	8%	7%	5%	8%	14%	17%	13%	17%	21%	8%
	% of clients discharged from Short Term Assessment Team with no on-going care package	37%	36%	40%	38%	40%	41%	32%	39%	40%	39%	39%	38%	37%	36%

PRIMARY CARE AND OLDER PEOPLES SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR
Complaints Handling	How many complaints were received this month?	13	8	13	12	12	6	11	15	9	7	9	9	14
	What % were responded to within the 20 day target? (target 65%)	**31%**	**50%**	**15%**	**58%**	**58%**	**33%**	**18%**	**33%**	**0%**	**29%**	**33%**	**22%**	**29%**
	How many were outside the 20 day target?	9	4	12	5	5	4	9	10	9	5	6	7	10
Freedom of Information Requests	How many FOI requests were received this month?	4	3	1	3	2	4	5	1	5	2	3	2	2
	What % were responded to within the 20 day target? (target 100%)	**0%**	**33%**	**0%**	**33%**	**50%**	**0%**	100%	100%	**40%**	**0%**	**67%**	**50%**	**0%**
	How many were outside the 20 day target?	4	2	1	2	1	4	0	0	3	2	1	1	2

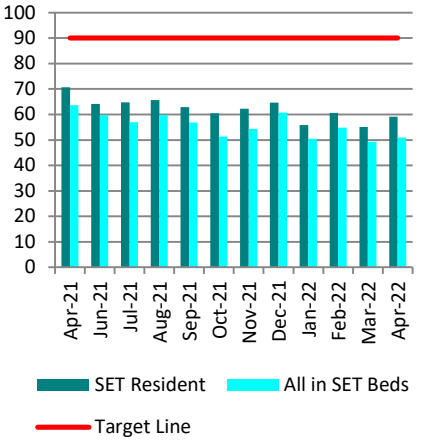
TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
AHP Waits	No patient to wait longer than 13 weeks from referral to commencement of treatment	At 30th April 2022 of 12775 patients on the AHP waiting list, 3629 are waiting longer than 13 weeks.	**70.2%** **[11832]** **(3531)**	**72.5%** **[12359]** **(3396)**	**71.6%** **[12775]** **(3629)**	

Service	No on W/L	Waiting >13 wks	Comp-liance
Physio	5694	1395	**75.5**
OT	1913	683	**64.3**
Orthoptics	218	26	**88.1**
Podiatry	2125	605	**71.5**
Adults S&LT	935	446	**52.3**
Childrens S&LT	641	193	**69.9**
Dietetics	1249	281	**77.5**

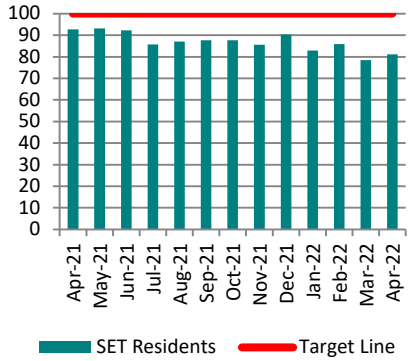
[n] = total waiting

(n) = breaches

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Complex Discharges	90% of complex discharges should take place within 48 hours.	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	**60.6%** **(122)**	**55.1%** **(194)**	**59.1%** **(167)**	
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:- Feb was 50.7% (282) SET 93 BT 43 NT 2 ST 1 now 54.9% (288) SET 86 BT 41 NT 2 ST 1 Mar was 45.6% (390) SET 148 BT 64 now 49.3% (400) SET 142 BT 61	**54.9%** **(288)** **>48 hrs By Trust of Res** **SET 86 BT 41 NT 2 ST 1**	**49.3%** **(400)** **>48 hrs By Trust of Res** **SET 142 BT 61**	**51.0%** **(355)** **>48 hrs By Trust of Red** **SET 119 BT52 ST 2 Other 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:- Feb was 53% 200 (94) now 55.3% 215 (96) now 59.1% 218 (89) Mar was 50.8% 301 (148) now 54.3% 311 (142)	**59.1%** **215** **(89)**	**54.3%** **311** **(142)**	**54.1%** **266** **(122)**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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:- Feb was 85.5% 282 (41) SET 25 BT 17 now 85.8% 288 (62) SET 25 BT 16 Mar was 77.9% 390 (86) SET 60 BT 26 now 78.5% 400 (86) SET 60 BT 26	**85.8%** **288** **(41)** **SET 25 BT16**	**78.5%** **400** **(86)** **SET 60 BT 26**	**81.1%** **355** **(67)** **SET44 BT 22 ST 1**	
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:- Feb was 88.4% 215 (25) now 88.5% 218 (25) Mar was 80.1% 301 (60) now 80.7% 311 (60)	**88.5%** **218** **(25)**	**80.7%** **311** **(60)**	**83.1%** **266** **(45)**	
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:- Feb was 76.1% 67 (16) now 77.1% 70 (16)	**77.1%** **70** **(16)**	**70.8%** **89** **(26)**	**75.3%** **89** **(22)**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 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.**	475 (cum 1523)	544 (cum 2067)	529 (cum 529)	544 (cum 1073)	564 (cum 1637)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

Service Area	Target	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**85%**	**88%**	**87%**	**83%**	**80%**	**82%**	**84%**	**80%**	**80%**	**80%**	**81%**	**86%**	**84%**	**75%**
	Total Number of Urgent Calls	1403	928	1070	1032	1087	945	975	1040	951	1056	1016	791	805	1026
	Urgent Calls within 20 minutes	1154	815	927	860	866	779	815	835	763	848	827	676	677	769
	100% of less urgent calls triaged within 1 hour	**64%**	**77%**	**74%**	**72%**	**56%**	**66%**	**71%**	**56%**	**58%**	**51%**	**61%**	**71%**	**66%**	**52%**
	Total Number of Routine Calls	6332	5747	6219	5049	6216	5773	5727	6572	6347	7312	6755	5200	5615	6472
	Routine calls within 1 hour	4026	4412	4596	3618	3501	3810	4053	3708	3665	4012	4134	3681	3684	3342

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Adult MH Services waits	All < 9 weeks	**85.6%**	100%	100%	99.7%	95.7%	90.0%	97.0%	99%	100%	95%	98%	**86%**	**82%**	**75%**
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Q3 57 c. 183	Quarter 1 101			Quarter 2 113 (cum 214)			Quarter 3 113 (cum 327)			Quarter 4 126 (453)			
Discharge and Follow-up	99% < 7days of decision to discharge	**89.1%**	100%	98%	99%	100%	97.1%	100%	95%	95%	98%	100%	98%	95%	96%
	All < 28 days (no. Breaches)	6	7	4	4	5	3	4	4	3	3	5	4	1	3
	All follow-up < 7 days from discharge	100%	100%	100%	100%	94.1%	99%	100%	100%	97%	100%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Mental Health	By March 2018, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	24	22	22	22	22	22	22	22	22	22	22	21	21	20

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	MAR 21	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	10	8	10	18	9	14	14	8	14	9	9	5	7
	What % were responded to within the 20 day target? (target 65%)	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**	**25%**	**21%**	**33%**	**33%**	**20%**	**57%**
	How many were outside the 20 day target?	3	5	8	10	7	7	10	6	12	6	6	4	3
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	2	4	0	1	1	3	1	0	3	0	1	1	0
	What % were responded to within the 20 day target? (target 100%)	**0%**	**25%**	n/a	100%	**0%**	**0%**	**0%**	n/a	**66%**	n/a	**0%**	**0%**	n/a
	How many were outside the 20 day target?	2	3	0	0	1	3	1	0	1	0	1	1	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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	**86%** **836** **[114]**	**82%** **823** **[148]**	**75%** **854** **[211]**	As a consequence of increased referrals and staff sickness/absence, there has been an increase in the number of patients waiting more than 9 weeks for assessment
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 68 SET discharges in April 2022. 3 patients were discharged after being assessed as medically fit >7days	98%	95%	96%	1 of the 3 discharges were >28 days
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	In April 2022 there remained 6 patients on the Wards that are recorded as delayed discharges. 3 of these patients are delayed >28 days.	4	1	3	5 Patients – Ward 27, UHD 1 patients – 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 68 SET discharges in April 2022. 47 people were offered an appointment with 42 people having been seen. 14 Patients were forwarded to other Trusts	100%	100%	100%	14 Patients were forwarded to other Trusts. 9 – SHSCT. 5 BHSCT. 4 Patients did not attend. 1 Patient required no follow up. 3 Patients referred to Learning Disability. 2 Patients referred to MHSOP. 1 Patient admitted to medical Ward

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Discharge	99% <7days of decision to discharge	100%	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**	**5**
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	1014	1024	1027	1033	1048	1056	1066	1067	1076	1089	1084	1081	1089	1082

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	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%	**85.7%**	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Adult Learning Disability / Adult Disability317	By March 2018, secure a 10% increase in the number of direct payments (Physical and Sensory Disability) March 16 = 189 Target = 207	295	300	304	307	309	313	314	313	311	316	316	318	317	317
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	396	481	482	486	494	495	501	504	510	515	516	513	512	505
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

		Quarter 4 (20/21)	Quarter 1 (21/22)	Quarter 2 (21/22)	Quarter 3 (21/22)	Quarter 4 (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)	96 (cum 302)	62	56 (cum 118)	86 (cum 204)	80 (cum 284)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	48 (230)	32	53 (cum 85)	51 (cum 136)	46 (cum 182)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	44 (134)	44	60 (cum 104)	82 (cum 186)	68 (cum 254)
	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: 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)	LD:22105 Hours (cum 57533 Hours) PD:12316 Hours (cum 37048 Hours)	LD: 30901 Hours (cum 88434 Hours) PD: 17318 Hours (cum 54366 Hours)
	Achieve minimum 88% internal environment cleanliness target.	94%	92%	95%	93%	No MDA completed this quarter

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	MAR 21	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	10	8	10	18	9	14	14	8	14	9	9	5	7
	What % were responded to within the 20 day target? (target 65%)	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**	**25%**	**21%**	**33%**	**33%**	**20%**	**57%**
	How many were outside the 20 day target?	3	5	8	10	7	7	10	6	12	6	6	4	3
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	0	0	0	0	0	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	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 – 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>FEB</th><th>MAR</th><th>APR</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 February.</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>Feb</th><th>Mar</th><th>Apr</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	FEB 2020	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% (0)	100%	100%	99.7%	98%	99%	99%	99%	99%	98%	99%	100%	99%	99%
	All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal.	99.9% (2)	97.3%	100%	99.3%	98%	98.3%	99%	98.5%	99%	99%	98%	98%	97%	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%	99%	98%	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%	100%	96%	100%	98%	100%	100%	100%	100%	97%	100%	100%	100%	100%
Addiction Services	All individuals who are referred to the Addictions Team should not wait longer than 9 weeks for assessment	99.3% (OUTLIER)	**40%**	**53%**	**50%**	**53%**	**30%**	**35%**	**29%**	**23%**	**25%**	**25%**	**9%**	**27%**	**0.5%**
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%	99%	98%	99%	99%
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%	99%	98%	99%	99%
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%	**86%**	**80%**	**66%**	**68%**
	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%	**80%**	**73%**	**85%**	**64%**
	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%	100%	97%	95%	**73%**

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

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	MAR 21	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	10	8	10	18	9	14	14	8	14	9	9	5	7
	What % were responded to within the 20 day target? (target 65%)	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**	**25%**	**21%**	**33%**	**33%**	**20%**	**57%**
	How many were outside the 20 day target?	3	5	8	10	7	7	10	6	12	6	6	4	3
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	0	0	0	0	1	0	0	0	0	0	0	0	1
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	n/a	**0%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%
	How many were outside the 20 day target?	0	0	0	0	1	0	0	0	0	0	0	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>FEB</th><th>MAR</th><th>APR</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>100%
250
(0)</td><td>99%
261
(2)</td><td>99%
272
(1)</td><td><u>Hydebank</u>
1 assessment delayed due to aggressive behaviour</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>Feb</th><th>Mar</th><th>Apr</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>205</td><td>223</td><td>223</td></tr><tr><td>Breaches</td><td>4</td><td>2</td><td>3</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>32</td><td>32</td><td>33</td></tr><tr><td>Breaches</td><td>1</td><td>5</td><td>0</td></tr></table></td><td>98%
237
(5)</td><td>97%
257
(7)</td><td>99%
256
(3)</td><td>(15 patients released prior to Comprehensive Nursing Assessment)

<u>Maghaberry</u>
1 delayed as patient initially refused
2 patients not placed diary for CNA</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>98%
245
(4)</td><td>99%
259
(2)</td><td>99%
266
(2)</td><td>(6 patients released prior to Mental Health Assessment)

<u>Maghaberry</u>
1 patient at outside Hospital – not advised of return to custody
1 patient declined</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%
27
(0)</td><td>100%
12
(0)</td><td>100%
73
(0)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Addictions Services	All individuals who are referred to the Addictions Team should not wait longer than 9 weeks for assessment	% = Compliance (n) = number of patients waiting >9wks for appointment	**9%** **(102)**	**27%** **(112)**	**0.5%** **(118)**	
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	98% 232 (4)	99% 252 (2)	99% 253 (3)	
Tuberculosis	All individuals who enter prison will be offered Tuberculosis screening at the Comprehensive Health Assessment.	% offered Offered – number (n) = breaches	98% 232 (4)	99% 252 (5)	99% 253 (3)	
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	**80%** **13** **146 days**	**66%** **17** **149 days**	**68%** **13** **182 days**	Waiting times breech in Benevenagh, Magilligan only

ADULT SERVICES – PRISON HEALTHCARE SERVICES

AHP Service	Podiatry	% compliance (N) = number of breaches (L) = Longest wait	**73%** **7** **153 days**	**85%** **6** **155 days**	**64%** **11** **168 days**	Waiting times breech in Benevenagh, Magilligan only
AHP Service	Dietetics	% compliance (N) = number of breaches (L) = Longest wait	97% 1 96 days	95% 1 127 days	**73%** **3** **154 days**	Waiting times breech in Benevenagh, Magilligan only

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Psychological Therapies waits	All < 13 weeks	**29.2%**	**28.7%**	**26.2%**	**24.8%**	**21.4%**	**21.2%**	**23.2%**	**25.6%**	**25.1%**	**30.4%**	**32.7%**	**33.2%**	**31.7%**	**32.1%**

Adult Services Directorate – Clinical Psychology Services – KPIs

	FEB 2020		APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR		APR
Direct Contacts (cum)	2073 (23672)		2594	2755 (5349)	2705 (8054)	2203 (10257)	2101 (12358)	2233 (14591)	2237 (16828)	2463 (19291)	1697 (20988)	2284 (23282)	2333 (25615)	2617 (28232)		1761
Consultations (cum)	138 (1267)		78	97 (175)	107 (282)	96 (378)	65 (443)	81 (524)	118 (642)	75 (717)	75 (792)	70 (862)	80 (942)	96 (1038)		77
Supervision - Hours (cum)	116 (1750)		135	135 (270)	125 (395)	124 (519)	129 (648)	134 (782)	124 (906)	140 (1046)	140 (1186)	134 (1320)	136 (1456)	135 (1591)		132
Staff training - Hours (cum)	102 (1165)		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)	11 (426)	11 (437)	28 (465)		21
Staff training - Participants (cum)	375 (3110)		110	111 (212)	140 (352)	66 (418)	65 (483)	205 (688)	118 (806)	82 (888)	49 (1983)	25 (2008)	25 (2033)	81 (2114)		61

Adult Services Directorate – Corporate Issues

Service Area	Indicator	MAR 21	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	10	8	10	18	9	14	14	8	14	9	9	5	7
	What % were responded to within the 20 day target? (target 65%)	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**	**25%**	**21%**	**33%**	**33%**	**20%**	**57%**
	How many were outside the 20 day target?	3	5	8	10	7	7	10	6	12	6	6	4	3

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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	**33.2%** **(1088)** **[727]**	**31.7%** **(1127)** **[770]**	**32.1%** **(1196)** **[812]**	
		Breaches	**FEB**	**MAR**	**APR**	**Longest Wait (days)**
		Adult Mental Health	**502**	**540**	**553**	483
		Older People	**46**	**47**	**52**	418
		Adult Learn Dis	**75**	**70**	**76**	748
		Children's Learn Dis	**17**	**20**	**29**	694
		Adult Health Psych	**62**	**76**	**72**	1019
		Children's Psych	**25**	**17**	**30**	221
		Total	**727**	**770**	**812**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (7)	**25% (4)**	**0% (2)**	100% (4)	100% (7)	100% (0)	100% (3)	**75% (4)**	**0% (3)**	100% (2)	**25% (4)**	**33% (3)**	**0% (3)**	**50% (2)**
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	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)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	**88.2% (2)**
	All Child protection initial assessment <15 days from receipt (n) = breaches	**94.1% (4)**	100% (0)	95.7% (2)	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 case conference <15 days from receipt (n) = breaches	**81.3% (3)**	**75% (3)**	**93.3% (1)**	**94.1% (1)**	95.2% (1)	**64% (9)**	**71.4% (2)**	**66.7% (5)**	**55% (9)**	**52.6% (9)**	**64.3% (5)**	**45.5% (6)**	**31.3% (11)**	**22.2% (7)**
	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)	**94.4% (1)**	**91.7% (1)**	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	**92.7% (13)**	**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)**	95.3% (5)	**89.4% (13)**	**89.7% (13)**	**85.3% (17)**
	All Family support initial assessment completed <10 days of allocation	**34.3%**	**33.6%**	**36.5%**	**40.2%**	**44.2%**	**33.8%**	**23.5%**	**35.3%**	**30.4%**	**32.4%**	**20.0%**	**25.6%**	**51.2%**	**40.0%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**52.6% (9)**	**76% (6)**	**25.7% (26)**	93.1% (2)	**69.1% (8)**	**50% (14)**	94.7% (1)	**88.5% (4)**	**80% (3)**	**85.7% (5)**	**68.4% (18)**	92.9% (1)	91.2% (3)	**77.3% (5)**
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)	**93.8% (7)**	99% (1)	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)	100% (0)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	Q3 24 c. 129	Quarter 1 75			Quarter 2 64 (cum 139)			Quarter 3 61 (cum 200)			Quarter 4 41 (cum 241)			
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	210	297	264	247	239	222	184	214	230	290	237	249	254	265
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	144	269	234	208	194	185	124	182	200	245	211	227	200	204

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	FEB 2020	APR 21	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR	APR
Fostering	Number of Mainstream Foster Carers	389	366	359	364	360	351	352	354	349	355	349	344	345	343
	Number of children with Independent Foster Carers	74	77	75	72	73	73	70	71	71	69	63	63	63	66
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	**84.2%**	**59.6%**	**68.6%**	**78.8%**	**87.2%**	**87.4%**	93.9%	92.9%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	**Q3 88.2%**	**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)	95.1%	**92.1%**	95.7%	**94.8%**	97.2%	95.5%	98.3%	97.7%	98.4%	97.7%	**92.1%**	**93.1%**	Reported 2 mths in arrears	
Safeguarding	*Total Unallocated Cases at month end*	*326*	*399*	*382*	*354*	*350*	*311*	*308*	*354*	*	*400*	*338*	*354*	*348*	*348*
	Family Centre Waiting List at month end	20													
Care Leavers	At least 75% aged 19 in education, training or employment	76%	85%	86%	86%	86%	84%	79%	79%	79%	77%	76%	76%	77%	78%

*not yet available

Children's Services - Corporate Issues

Service Area	Indicator	MAR 21	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 22	FEB	MAR
Complaints	How many complaints were received this month?	7	3	9	4	4	13	4	11	7	12	4	9	8
	What % were responded to within the 20 day target? (target 65%)	**0%**	**0%**	**33%**	**50%**	**0%**	**0%**	**25%**	**18%**	**29%**	**25%**	75%	**22%**	**25%**
	How many were outside the 20 day target?	7	3	6	2	4	13	3	9	5	9	1	7	6
Freedom of Information Requests	How many FOI requests were received this month?	2	1	4	2	4	5	3	9	6	3	2	2	2
	What % were responded to within the 20 day target? (target 100%)	**0%**	100%	**25%**	100%	**75%**	**20%**	**33%**	**11%**	**0%**	**66%**	**0%**	**0%**	**0%**
	How many were outside the 20 day target?	2	0	3	0	3	4	2	8	6	1	2	2	2

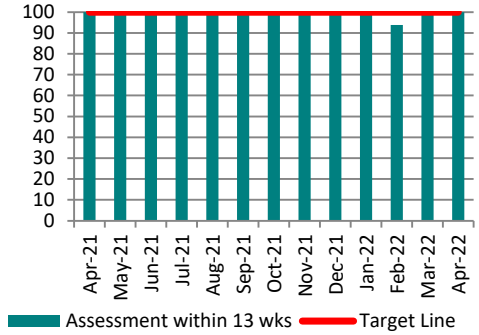
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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	**33%** **(3)**	**0%** **(3)**	**50%** **(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
			FEB	MAR	APR	
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% (21) [21]	100% (11) [11]	**88.2%** **(17)** **[15]**	
	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% (29) [29]	100% (28) [28]	100% (30) [30]	
	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	**45.5%** **(11)** **[5]**	**31.3%** **(16)** **[5]**	**22.2%** **(9)** **[2]**	Please note that there is now new recording which is still being worked out therefore figures 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.	**94.4%** **(18)** **[17]**	**91.7%** **(12)** **[11]**	100% (10) [10]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
	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	**89.4%** **(123)** **[110]**	**89.7%** **(126)** **[113]**	**85.3%** **(116)** **[99]**	
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	**25.6%** **(82)** **[21]**	**51.2%** **(82)** **[42]**	**40.0%** **(80)** **[32]**	
	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.	92.9% (14) [13]	91.2% (34) [31]	**77.3%** **(22)** **[17]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 30th April 2022, 129 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 80 Days) % = compliance (n) = breaches	**93.8%** **< 13 wks** **(7)**	99% < 13 wks (1)	100% < 13 wks (0)	

CHILDREN'S SERVICES

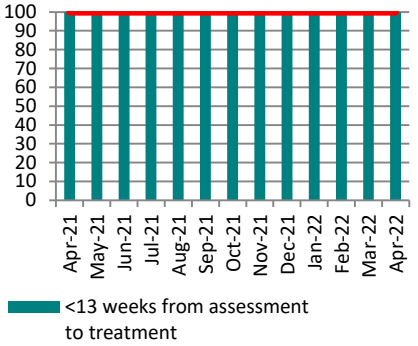
<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>FEB</th><th>MAR</th><th>APR</th><th></th></tr>
<tr><td></td><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>At 30th April 2022 – 6 total waiters:-

<table><tr><td>0 – 4 wks</td><td>6</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>6</td></tr></table>
Longest wait = 4 Days

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

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

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

(0)</td><td> 
</td></tr>
<tr><td>Unallocated Cases</td><td>Monitor the number of unallocated cases in Children's Services</td><td>n = unallocated over 20 days
(n) = total awaiting allocation at 30th April 2022

<table><tr><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr><tr><td>37
(102)</td><td>117
(117)</td><td>111
(129)</td><td>265
(348)</td></tr></table></td><td>249

(354)</td><td>254

(348)</td><td>265

(348)</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>13</td><td>0</td><td>2</td><td>15</td></tr><tr><td>1-4 wks</td><td>52</td><td>0</td><td>16</td><td>68</td></tr><tr><td>4-8 wks</td><td>30</td><td>14</td><td>41</td><td>85</td></tr><tr><td>> 8 wks</td><td>7</td><td>103</td><td>70</td><td>180</td></tr><tr><td>Total</td><td>102</td><td>117</td><td>129</td><td>348</td></tr></table>
<table><tr><th>Area</th><th>Longest Wait</th></tr><tr><td>Gateway</td><td>86</td></tr><tr><td>FIT</td><td>319</td></tr><tr><td>Disability</td><td>227</td></tr></table></td></tr>
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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	47 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 quit at 4 weeks 74% Quit rate	37 quit at 4 weeks 79% 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	75 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	24 quit at 4 weeks 84% Quit rate	39 quit at 4 weeks 70% Quit rate	34 quit at 4 weeks 85% Quit rate	49 quit at 4 weeks 65% 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	255	At year end 52% of our volunteer placements are active. The number of existing volunteers returning to their role has increased and we are recruiting new volunteers.
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72			22	32	

WORKFORCE AND EFFICIENCY

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2021/2022				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2022, demonstrate a 5% reduction on absenteeism from 2020-21. 2021/22 target is 6.32%	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.)	7.26% (adj.)	7.28 (cum)	Q4: 2020-21 = 6.68 (cum) Q4: 2019-20 = 7.32% (cum) Q4: 2018-19 = 6.55% (cum) Q4: 2017-18 = 6.97% (cum)
Induction	By March 2022, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	End of Year 21/22 – 43% Induction figures have been affected by the ongoing pressures of Covid-19. A trend of non-attendance is evident - staff have the ability to self-book onto the zoom platform but are failing to attend after registering.	14%	38%	57%	43%	Q4: 2020-21 = 34% Q4: 2019-20 = 63% Q4: 2018-19 = 68% Q4: 2017-18 = 75%
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%	36%	Q4: 2020-21 = 42% Q4: 2019-20 = 40% Q4: 2018-19 = 47% Q4: 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%	97%	

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2021/2022				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%	100%	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 213 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 June 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%	100%	QSR was published March 2022
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%	Bank 78.7% Agency 21.3%	Total excluding MHIPU and Prison Healthcare: Bank 83.6% Agency 16.4%
	By March 22 to increase the Users of the Corporate Bank Service by 10%		0%	5.8%	6.3%	7.1%	Net growth at year with an increase of 20 new clients in Social Work and vaccination centres. Client Base at year end 21/22 = 303

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2021/2022				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%	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	15 programmes delivered 1052 staff attended 85 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	42 Health Staff Webinars 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 2021/2022				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					