South Eastern Health and Social Care Trust

Paper No. SET/69/2021

Integrated Performance Management & Accountability Framework
Corporate Scorecard
October 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

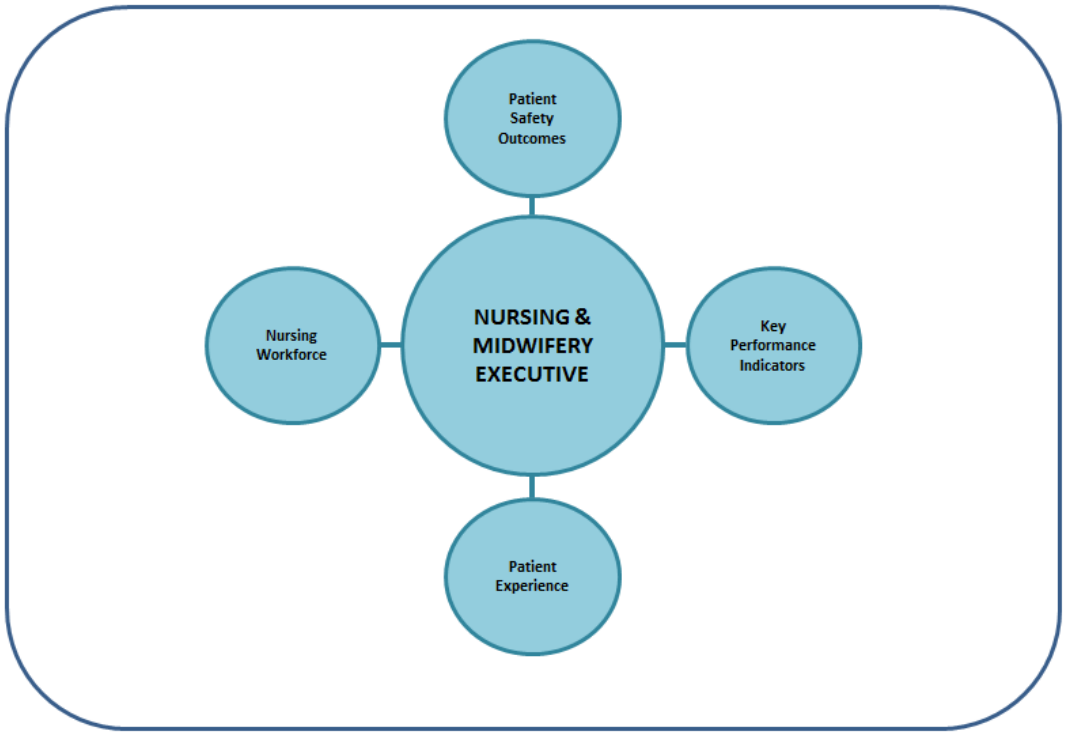
Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

South Eastern Health and Social Care Trust



Safe & Effective Care Scorecard October 2021/22

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.10.2021

SAFE & EFFECTIVE CARE SCORECARD

Introduction

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

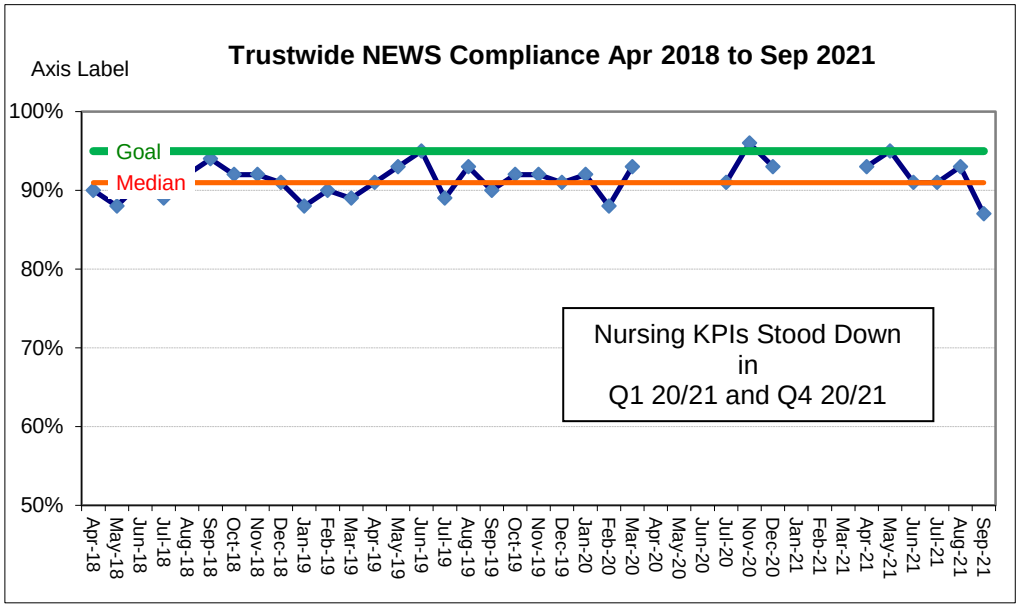
The scorecard details compliance of the regional commissioning KPIs as directed by the Public Health Agency each year. The results are displayed within run charts indicating a compliance score, the KPI target compliance and the average performance of the Trust.

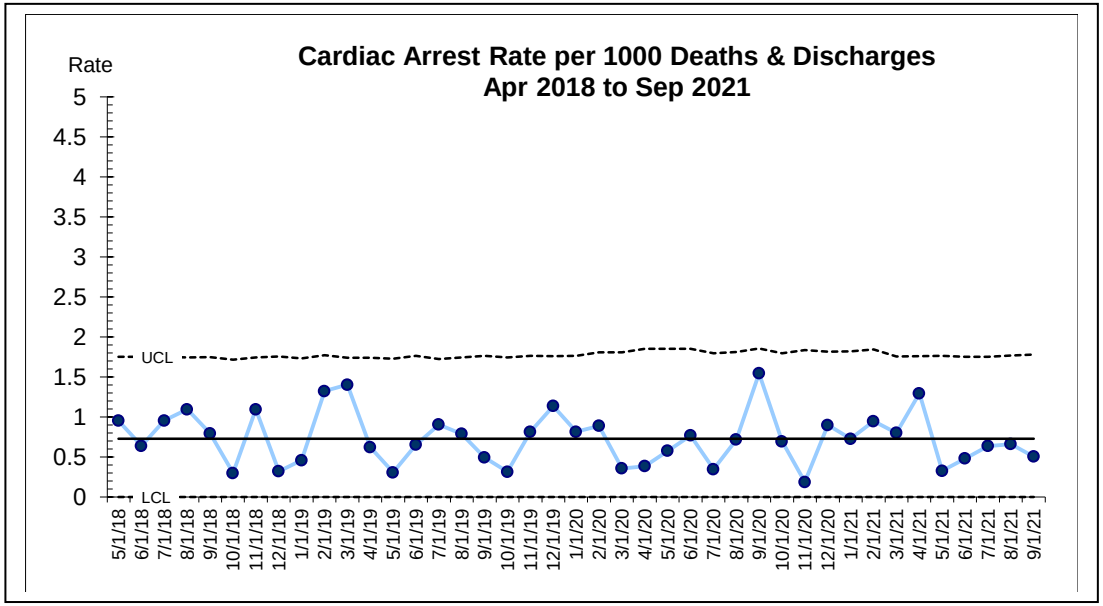
Note: As the impact of COVID-19 continued the decision was taken by the Chief Nursing Officer, Charlotte McArdle, in a letter to the five Trusts on 7th January 2021 to suspend the reporting of the KPIs to focus on the priority of providing safe patient care and supporting staff to achieve this. The PHA continued to monitor outcome measures. SEHSCT reinstated nursing KPIs in April 2021. Reporting of nursing KPIs to PHA was reinstated in July 2021. A further letter was received from the CNO in September 2021 directing that there was no requirement to report compliance with the Regional KPIs to the PHA until end October 2021 to allow for the current COVID pressures in hospitals. Further direction was given that local Trusts could continue to monitor performance locally if they wished to do so. Outcomes measures will continue to be reported to the PHA.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.10.2021

TRUSTWIDE NEWS COMPLIANCE

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





OVERALL NEWS ACTION POINTS/UPDATE

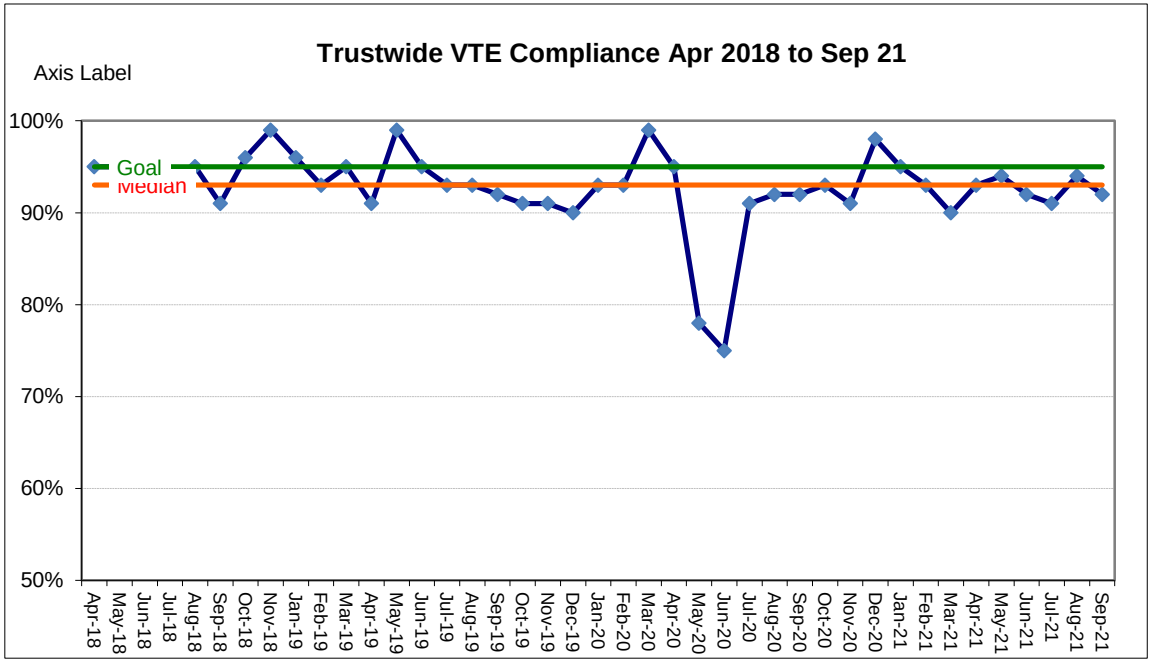
NEWS2

- NEWS2 on eDAMS has been widely rolled out within the adult acute wards across the Trust with a few wards remaining on the paper forms in the interim.
- Improved connectivity and IT equipment has supported the rollout.
- There is no plan to develop NEWS2/Neuro-obs charts as electronic forms until Encompass is in place so they remain in paper form.
- Shared learning from compliance issues is encouraged across Directorates and as with all KPIs a process of validation is being built into the quarterly auditing process.

TRUSTWIDE VTE COMPLIANCE

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.10.2021

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



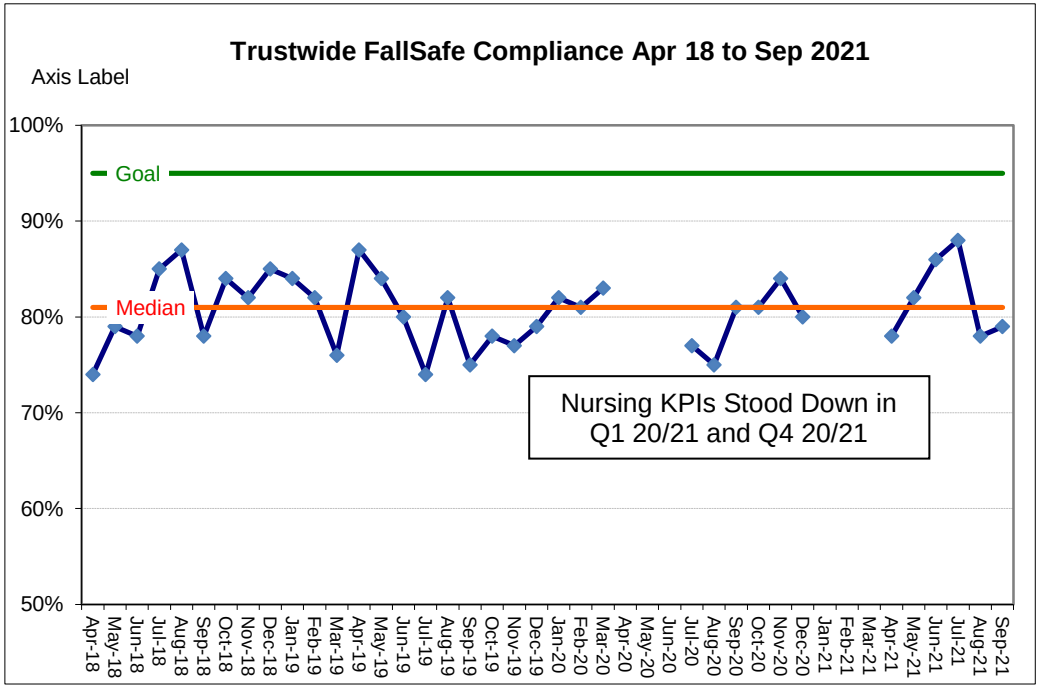
OVERALL VTE ACTION POINTS/UPDATE

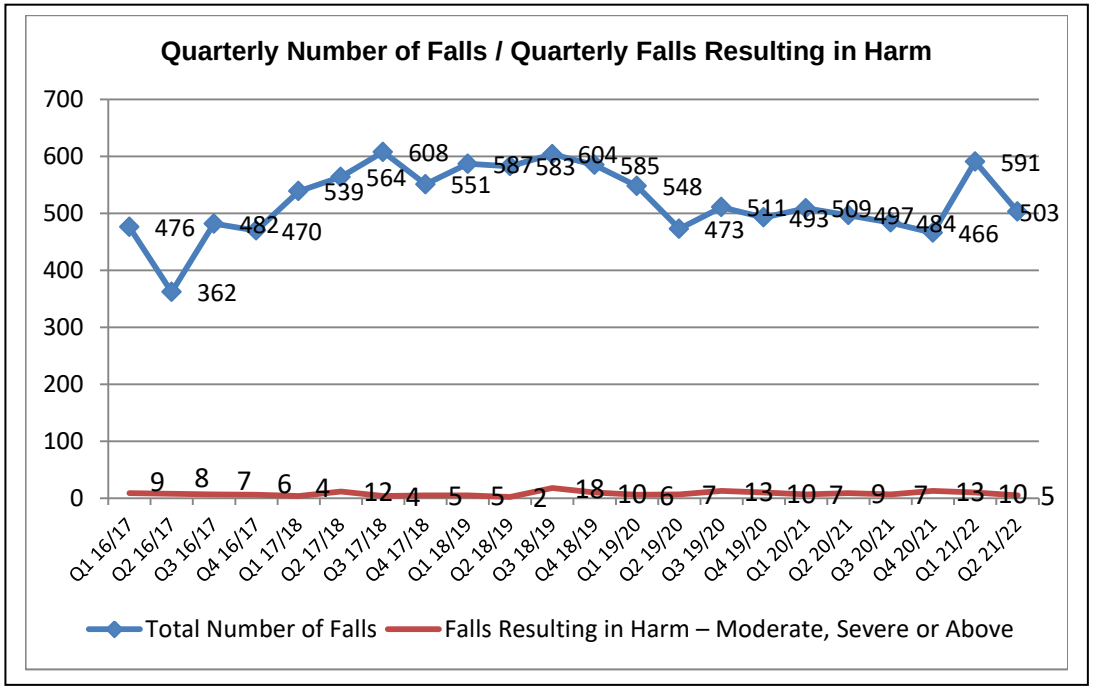
At the SQE Leadership Committee held on 9th August 2021 it was agreed that the VTE audit would be carried out quarterly going forward. This decision will be discussed with the PHA.

TRUSTWIDE FALLSAFE COMPLIANCE

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





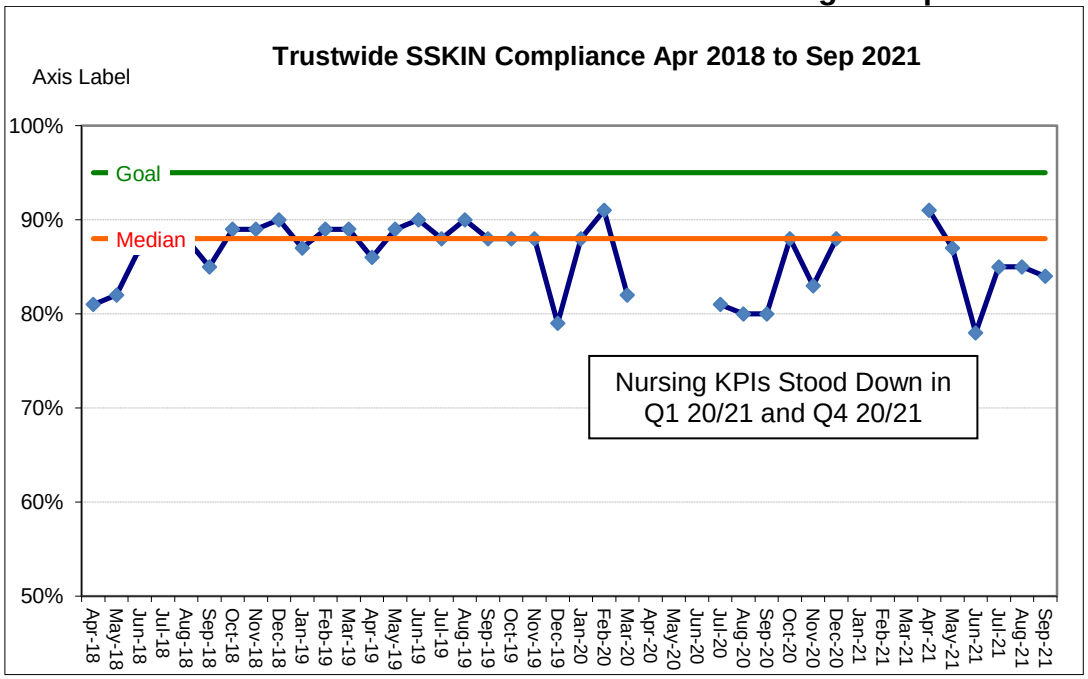
OVERALL FALLSAFE ACTION POINTS/UPDATE

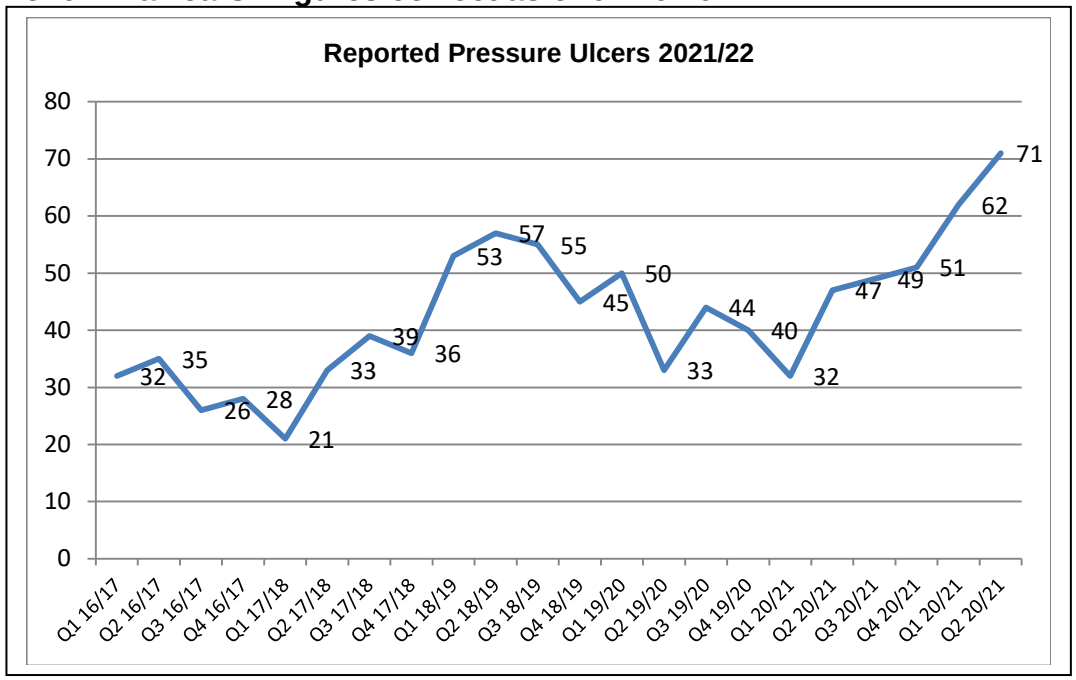
The SET Acute Falls Lead continues to educate and support staff with Falls Prevention and Management. She works closely with Safe and Effective Care on-going in relation to the auditing of the FallSafe bundle, confirmation of falls data and is creating processes/methods by which learning from falls that have resulted in moderate or more severe patient harm can be shared through our Trust. The work was initiated through a SQE project, led by the Falls Co-ordinator and there is now an audit summary process commenced to ensure this improvement work is monitored.

The Trust wide Falls Policy passed to a scrutiny panel in Sept 21 and it incorporates falls prevention measures and processes to ensure safe management of those who fall in hospital settings. The New Falls and Osteoporosis Strategy for years 2021-2024 also incorporates the priorities of ensuring robust processes are in place and best practice is followed in all care settings. The strategy will be launched once passed through Steering Group. Additionally the Acute Falls Service successfully conformed to ISO 9001 Quality Management Systems auditing standards in September 21. The Service was new to scope in this audit cycle.

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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.10.2021





OVERALL SSKIN ACTION POINTS/UPDATE:

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

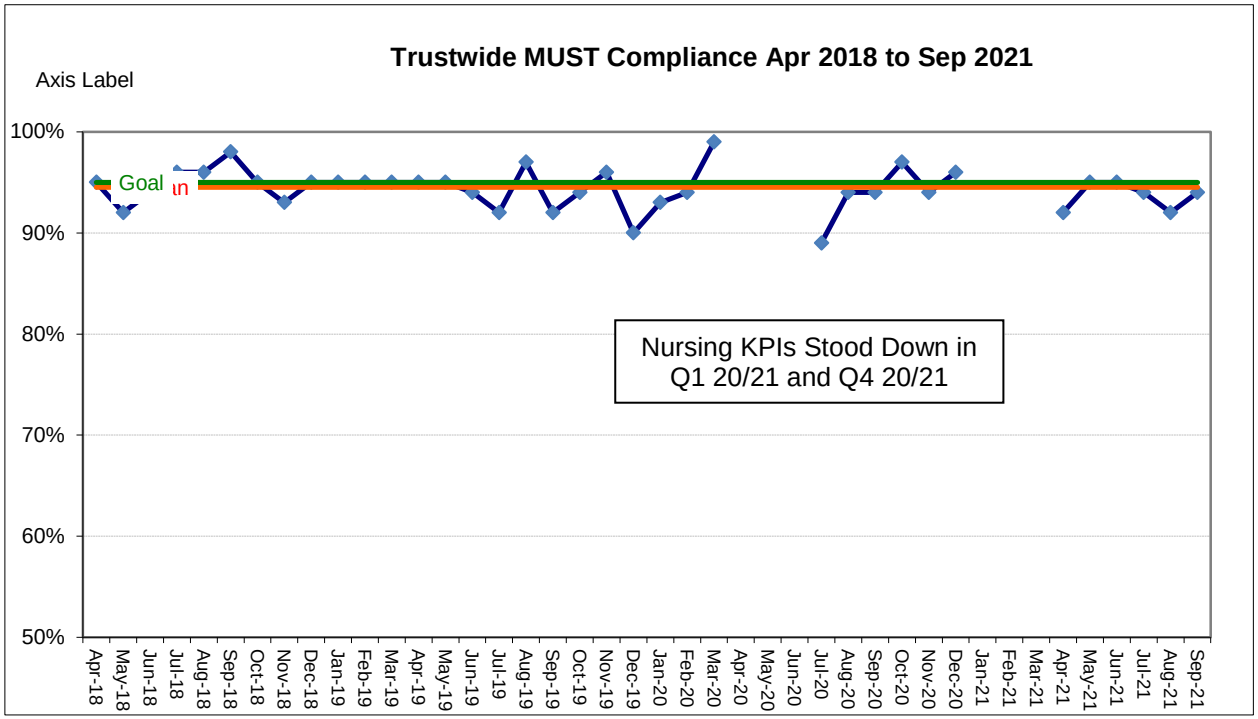
In total 71 pressure ulcers have been recorded this quarter:
Medicine = 26
Surgery = 21 (x4 medical device related secondary to proning COVID patients)
Unscheduled Care= 18
WACH= 2
PCOP In-Patient= 4.

There is an issue with the regional E learning training package which has been escalated to PHA who are working on rectifying the situation.

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.10.2021

TRUSTWIDE MUST COMPLIANCE

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



OVERALL MUST ACTION POINTS/UPDATE:

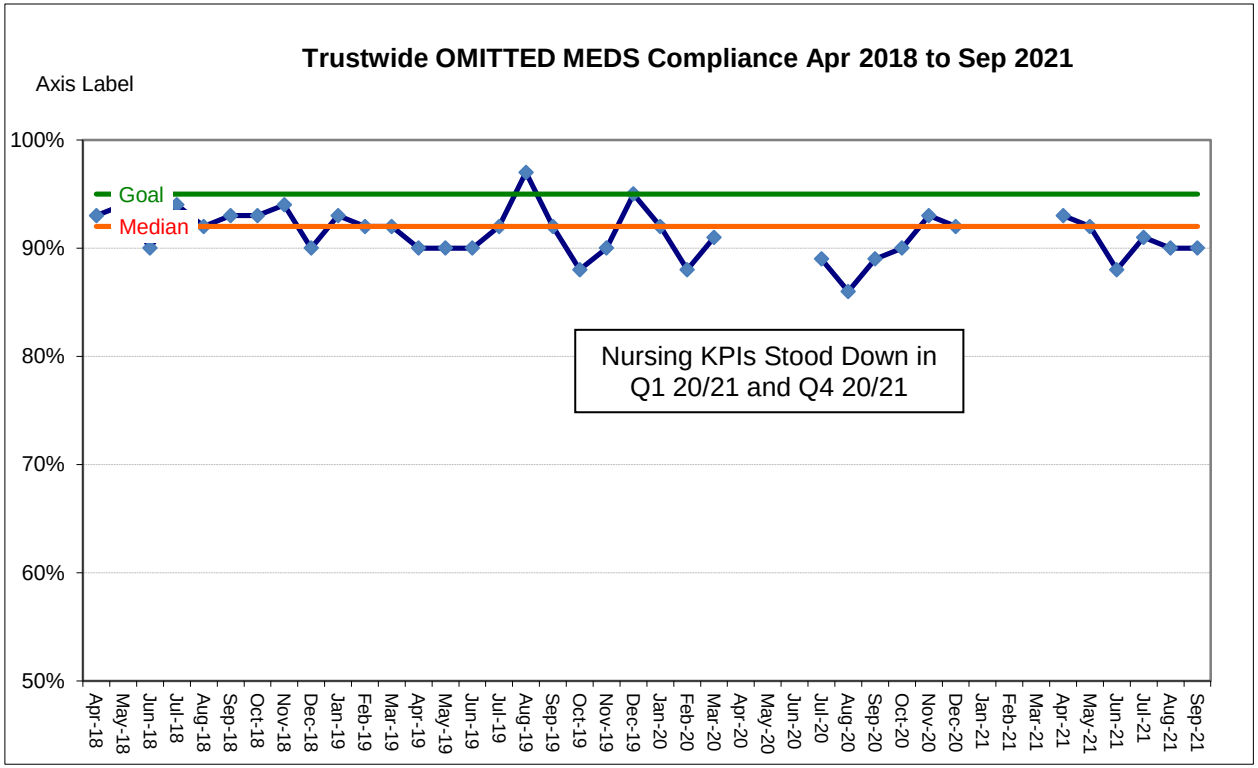
Compliance with MUST screening continues to be monitored across all adult acute inpatient areas, acute mental health and dementia units. 'Next Step's audit completed to see if nutritional care is being carried out in line with risk status.

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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 01.10.2021

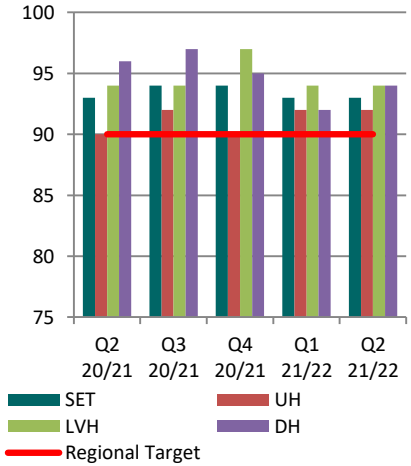
TRUSTWIDE OMITTED MEDICATION COMPLIANCE

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



OVERALL OMITTED MEDS ACTION POINTS/UPDATE:

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

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 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 93%	SET 94%	SET 94%	SET 93%	SET 93%	
			UH 90%	UH 92%	UH 90%	UH 92%	UH 92%	
			LVH 94%	LVH 94%	LVH 97%	LVH 94%	LVH 94%	
			DH 96%	DH 97%	DH 95%	DH 92%	DH 94%	

<table>
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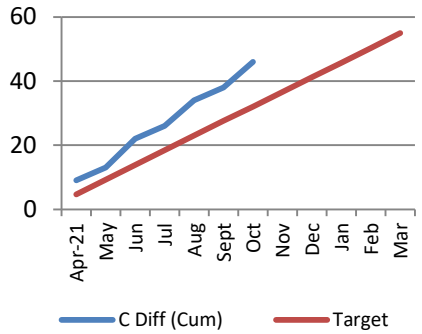
<tr><th></th><th></th><th></th><th>AUG</th><th>SEPT</th><th>OCT</th><th></th></tr>
<tr>
<td rowspan="3">HCAI</td>
<td rowspan="3">By March 2020 secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over, and in-patient episodes 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>
<td rowspan="3">
<table>
<tr><th></th><th>2020/2021 Target</th><th>2021/2022 Target</th></tr>
<tr><td>C Diff</td><td>Target<55</td><td>Target not yet set</td></tr>
<tr><td>MRSA</td><td>Target<5</td><td>Target not yet set</td></tr>
<tr><td>GNB</td><td>Target <39</td><td>Target not yet set</td></tr>
</table>
2020/21:
C Diff 31 within 72 hours and 43 greater than 72 hours
MRSA 5 within 48 hours, 2 greater than 48 hours

2021/22:
C Diff 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 34)</td>
<td>C Diff
4
(cum 38)</td>
<td>C Diff
8
(cum 46)</td>
<td> 
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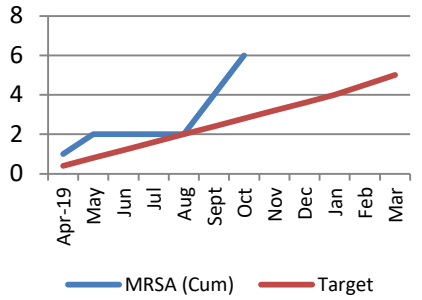
<tr>
<td>MRSA
0
(cum 2)</td>
<td>MRSA
2
(cum 4)</td>
<td>MRSA
2
(cum 6)</td>
<td> 
</td>
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<tr>
<td>GNB
2
(cum 21)</td>
<td>GNB
9
(cum 30)</td>
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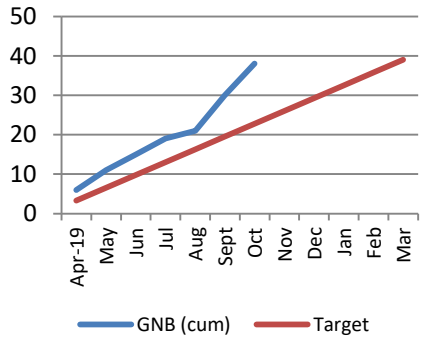
8
(cum 38)</td>
<td> 
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SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		OCT 20	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Outpatient waits	Min 50% <9 wks for first appt		12.2%	12.4%	11.5%	11.5%	11.9%	13.5%	14%	15%	15%	15%	14%	14.4%	14.4%
	All <52 wks		40.0%	38.4%	37.3%	36%	34.8%	34.7%	36.6%	37.8%	38.8%	39.2%	39.4%	39.7%	39.6%
Diagnostic waits	Imaging 75% <9 wks		44.6%	48.7%	51.3%	52.6%	57.1%	70.4%	71.2%	74.5%	81.2%	79.9%	77.3%	85.7%	88.0%
	Physiological Measurement <9 wks		36.1%	37.6%	36.7%	41.4%	49.1%	52.2%	54.7%	54.9%	54.9%	51.1%	43.9%	48.8%	48.3%
	Diag Endoscopies	< 9 wks	47%	48%	45.7%	40.8%	36.5%	36.0%	34.7%	33%	31%	30%	29%	28%	28%
		< 13 wks	39%	36%	39%	41%	39%	37%	34%	37%	44%	46%	49%	46%	52%
Inpatient & Daycase Waits	Min 55% <13 wks		30%	30%	30%	30%	26%	26%	27%	28%	28%	27%	26%	25%	25%
	All <52 wks		66%	64%	64%	62%	57%	56%	57%	58%	57%	57%	57%	57%	57%
Diagnostic Reporting	Urgent tests reported <2 days		87.5%	85.8%	83.4%	80.5%	81.9%	68.5%	73.1%	83.5%	82.1%	73.6%	75.5%	66.6%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	69.2%	71.9%	71.5%	69.3%	69.3%	69%	71%	70.8%	69.6%	66.5%	64.4%	64.7%	65.3%
		12hr breaches	885	930	769	545	366	748	730	1020	1172	1086	1323	1272	1395
	UHD	4hr performance	60%	61.3%	61.5%	59.9%	59.6%	58.5%	60.7%	60.2%	57.9%	52.0%	48.6%	49.7%	50.8%
		12hr breaches	882	930	766	545	365	747	730	1019	1166	1081	1322	1268	1393
	LVH	4hr performance	76.8%	81.3%	80.8%	76.8%	77.7%	77.4%	79.8%	81.5%	79.1%	81.1%	79.3%	75.1%	80.6%
		12hr breaches	3	0	3	0	1	1	0	1	4	5	1	3	2
	DH	4hr performance	99.6%	98.6%	99.4%	99.5%	100%	100%	100%	99.7%	99.7%	99.7%	99.2%	99.4%	99.4%
		12hr breaches	0	0	0	0	0	0	0	0	0	0	0	1	0
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		94.8%	97.8%	95.6%	97.4%	94.2%	91.9%	89.8%	88.6%	85.0%	80.6%	80.8%	80.4%	83.1%
Non Complex discharges	ALL <6hrs		81.8%	92.1%	82.1%	83.0%	82.6%	83.1%	82.1%	83.0%	81.2%	81.3%	80%	84.3%	82%
Hip Fractures	>95% treated within 48 Hours		91%	95%	78%	97%	88%	77%	71%	100%	88%	86%	64%	81%	80%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		31.3%	10%	11.3%	18%	13%	19.4%	16.7%	13.3%	11.6%	4.3%	18.1%	26.8%	10.8%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		61%	49%	57%	45%	63%	58%	62%	63%	56%	42%	35%	40%	28%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches {n}=longest wait(days)		88.7% (29) {24}	33.1% (178) {25}	82.3% (50) {32}	100% (1) {19}	96.4% (7) {21}	17.4% (181) {24}	18.6% (188) {26}	23.7% (215) {27}	58.1% (113) {29}	55.2% (105) {21}	38.6% (101) {32}	36.5% (115) {43}	15.5% (191) {46}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		97% (3)	95% (7)	96% (4)	95% (9)	92% (11)	93% (8)	97% (4)	97% (3)	96% (5)	95% (6)	93% (9)	93% (13)	95% (4)
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 Performance

Service Area	Indicator		OCT 20	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		99.6%	98.7%	99.2%	96.9%	97.9%	90.5%	76.6%	88.3%	96.3%	86.7%	87.5%	87.7%	99.3%
	% routine tests reported <28 days (Target formerly 100%)		100%	99.7%	99.9%	99.8%	99.2%	99.4%	93.1%	94.8%	99.8%	99.4%	98.0%	96.6%	98.9%
% Operations cancelled for non-clinical reasons		SET	**2.9%**	1.5%	2.0%	**3.2%**	1.5%	**2.2%**	0.8%	0.5%	1.1%	1.9%	**2.1%**	1.6%	1.6%
		UHD	**2.9%**	1.6%	1.0%	**2.3%**	1.2%	1.2%	0.5%	0.7%	0.8%	1.7%	**2.7%**	1.7%	1.1%
		LVH	**3.7%**	1.6%	**2.3%**	**5.6%**	2.0%	**4.8%**	1.8%	0.7%	0.5%	**2.7%**	1.9%	1.4%	**3.3%**
		DH	1.6%	0.8%	**4.1%**	**2.8%**	1.8%	1.8%	0.2%	0%	0.9%	1.6%	0.4%	1.7%	0.8%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		Cum 86%	Cum 85%	Cum 85%	Cum 86%	Cum 85%	Cum 85%	Cum 82%	Cum 84%	Cum 86%	Cum 86%			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 78%	Cum 80%	Cum 82%	Cum 81%	Cum 85%	Cum 86%	Cum 94%	Cum 92%	Cum 92%	Cum 89%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		10068	9049	9321	8449	9530	11007	12151	13147	13716	12901	12575	12622	12177
	Ulster Hospital		7410	6468	6823	6322	6843	8042	8829	9582	9801	9133	8788	8695	8660
	Lagan Valley Hospital		1825	1624	1529	1313	1377	1835	2064	2173	2355	2229	2198	2391	2132
	Downe Hospital (inc w/end minor injuries)		833	957	969	814	849	1130	1258	1392	1560	1539	1589	1536	1385
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		8.7%	9.5%	9.1%	8.6%	8.3%	8.1%	8.2%	8.3%	9.0%	9.6%	9.5%	9.8%	10.4%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		**2.6%**	**-1.5%**	**4.0%**	**-186%**	**-10.1%**	17.9%	23.2%	26.0%	**9.1%**	**0.6%**	**5.0%**	**-7.7%**	**-13.3%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5356	4996	4384	3880	4597	5780	5740	5348	6554	5074	5148	5870	5601
Other Operative Fractures	>95% within 48hrs		**60%**	**75%**	**72%**	**73%**	**68%**	**67%**	**63%**	**85%**	**66%**	**78%**	**59%**	**69%**	**70%**
	100% within 7 days		96.8%	**93.8%**	100%	100%	**78.3%**	100%	96%	100%	97.6%	**94.5%**	**81.8%**	**91.4%**	**97.8%**
Stroke	No of patients admitted with stroke		32	30	44	39	31	36	36	45	43	46	44	41	37
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**23.1% (289)**	**26.4% (284)**	**24.1% (305)**	**24.5% (324)**	**22.5% (368)**	**23.4% (384)**	**26.4% (382)**	**21.9% (417)**	**17.8% (424)**	**17.5% (438)**	**17.6% (455)**	**14.9% (474)**	**15.8% (489)**
		Ophth	**8.2% (268)**	**12.6% (257)**	**14.0% (264)**	**11.2% (277)**	**8.9% (286)**	**12.8% 273**	**19.8% 235**	**14.1% (225)**	**2.6% (229)**	100% (0)	100% (0)	100% (0)	Not recorded

HOSPITAL SERVICES

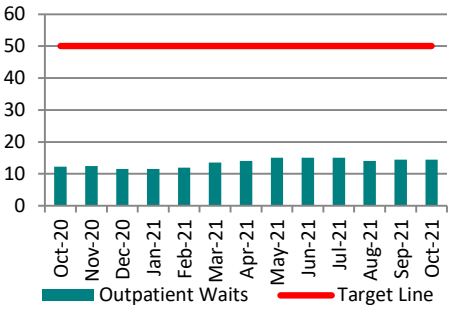
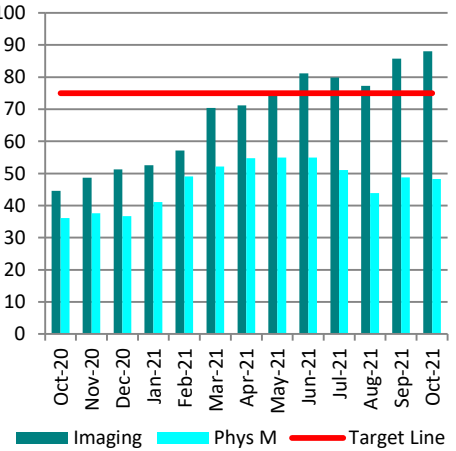
Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 20	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.2	7.1	7.3	7.1	6.3	5.8	5.4	6.0	6.9	6.4	6.9	7.5	8.0
	Ave LOS trimmed	5.0	5.5	5.3	5.5	4.9	4.7	4.3	4.5	5.2	5.1	5.5	5.8	5.8
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	8.7	8.6	9.9	10.3	7.8	8.3	8.9	7.8	9.4	8.1	7.9	9.9	9.4
	Ave LOS trimmed	6.3	6.6	6.6	6.5	5.9	5.9	6.1	6.0	6.6	5.8	5.3	6.4	6.0
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**54.9%**	**53.7%**	**53.3%**	**61.2%**	**62.4%**	**60.2%**	**58.8%**	**53.1%**	**40.9%**	**41.3%**	**34.8%**	**35.3%**	**31.6%**
	% NEW attendances who left without being seen (Target < 5%)	2.0%	1.4%	2%	1.5%	1.4%	2.3%	2.4%	2.9%	3.7%	5.3%	5.2%	5.1%	4.7%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.9%	2.9%	2.9%	3.0%	4.3%	4.1%	4.2%	4.4%	4.8%	3.6%	3.8%	4.4%	3.7%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	69.3%	76.2%	69.3%	76.6%	65.2%	60.7%	59.5%	54.7%	46.9%	41.7%	39.1%	40.2%	42.5%

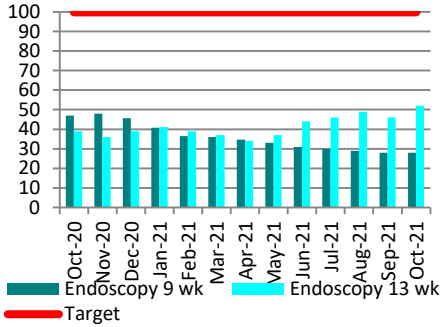
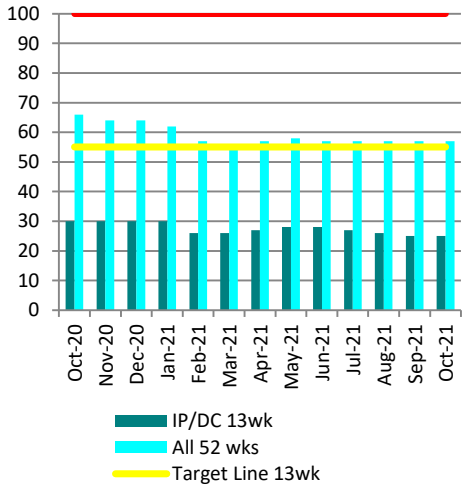
Hospital Services – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	35	23	30	17	11	20	19	27	22	32	28	26	19
	What % were responded to within the 20 day target? (target 65%)	**23%**	**4%**	**35%**	**29%**	**0%**	**5%**	**11%**	**30%**	**36%**	**44%**	**25%**	**50%**	**37%**
	How many were outside the 20 day target?	27	22	13	12	11	19	17	20	15	18	21	13	12
Freedom of Information Requests	How many FOI requests were received this month?	10	10	6	6	9	16	11	8	6	5	10	11	13
	What % were responded to within the 20 day target? (target 100%)	**60%**	**70%**	**50%**	**50%**	**22%**	**44%**	**55%**	**0%**	**17%**	**40%**	**60%**	**18%**	**23%**
	How many were outside the 20 day target?	4	3	3	3	7	9	5	8	5	3	4	9	10

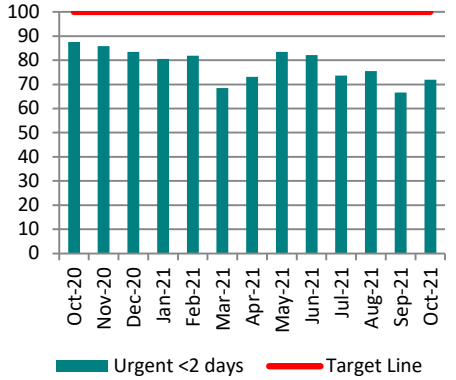
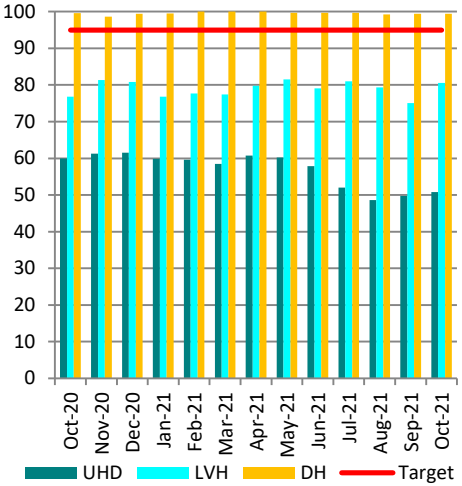
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE AUG	PERFORMANCE SEPT	PERFORMANCE OCT	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%** **[75869]** **(65138)** **{45919}**	**14.4%** **[76453]** **(65467)** **{46088}**	**14.4%** **[76804]** **(65764)** **{46358}**	
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.*	77.3% [8912] (2023) {1032}	85.7% [8726] (1250) {190}	88.0% [8380] (1007) {130}	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**43.9%** **(3562)** **{1027}**	**48.8%** **(3359)** **{1069}**	**48.3%** **(3403)** **{1055}**	
	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)	**29%** **3432** **(2435)**	**28%** **3581** **(2570)**	**28%** **3677** **(2659)**	

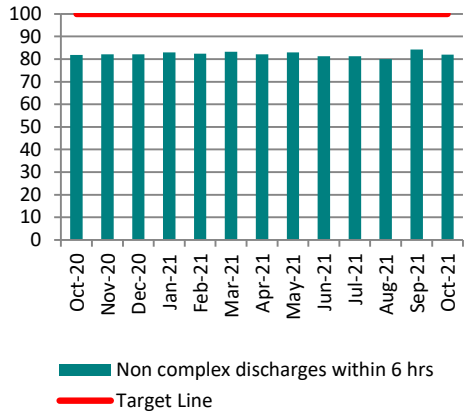
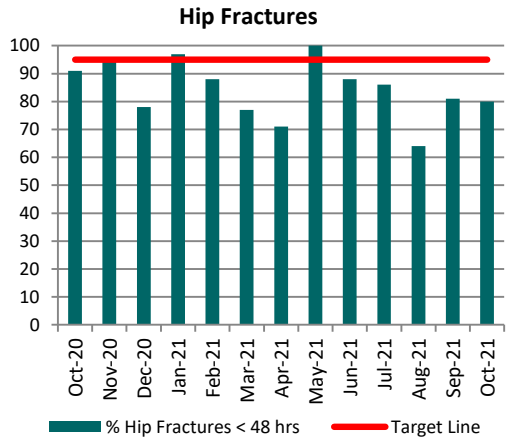
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE AUG	PERFORMANCE SEPT	PERFORMANCE OCT	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	**49%** **(816)** **(419)**	**46%** **[797]** **(429)**	**52%** **[867]** **(418)**	
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	**26%** **(9315)**	**25%** **(9943)**	**25%** **(10158)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**57%** **(7632)**	**57%** **(7978)**	**57%** **(8249)**	

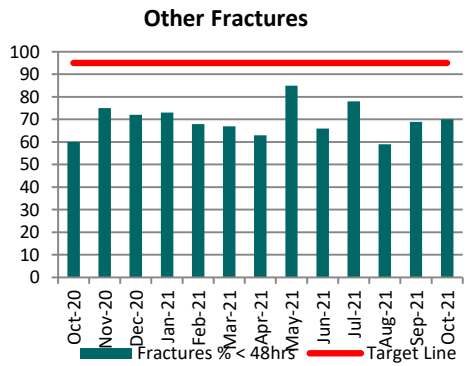
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In October 2021, of 3836 total urgent tests reported, 2760 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**75.5%** **(816)** **[3327]**	**66.6%** **(1401)** **[4192]**	**71.9%** **(1076)** **[3836]**	
Emergency Departments	95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours.	SET attendances include Ards & Bangor Minor Injury Units not broken down below as not Type 1 Units SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit. n = total new and unplanned review attendances. [n] = seen within 4 hours % = % seen within 4 hours (n) = 12 hour breaches	**SET** **14007** **[9023]** **64.4%** **(1323)**	**SET** **14129** **[9154]** **64.7%** **(1272)**	**SET** **13488** **[8809]** **65.3%** **(1395)**	
			UH **8788** **[4271]** **48.6%** **(1322)**	**UH** **8695** **[4325]** **49.7%** **(1268)**	**UH** **8660** **[4403]** **50.8%** **(1393)**	
			LVH **2198** **[1743]** **79.3%** **(1)**	**LVH** **2391** **[1795]** **75.1%** **(3)**	**LVH** **2132** **[1718]** **80.6%** **(2)**	
			DH 1589 (1577) 99.2% (0)	DH 1536 (1527) 99.4% (1)	DH 1385 (1377) 99.4 (8)	

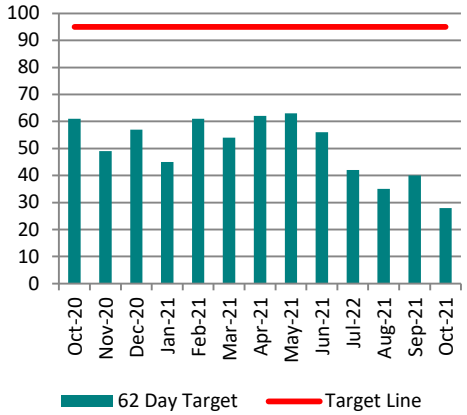
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	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	**80%** **2223** **(445)**	**84.3%** **2147** **(402)**	**82%** **2098** **(376)**	
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	**64%** **28** **(18)** **[10]**	**81%** **27** **(22)** **[5]**	**80%** **25** **(20)** **[5]**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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	**59%** **44** **(26)** **[18]** **{8}**	**69%** **35** **(24)** **[11]** **{3}**	**70%** **46** **(32)** **[14]** **{1}**	
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	18.1% 8 (44)	26.8% 11 (41)	**10.8%** **4** **(37)**	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 71 SET CBYL referrals received during October 2021. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (93) [0]	100% 86 [0]	100% 71 [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% = % who began treatment within 62 days n = number of patients seen (n) = breaches In Oct 50.5 patients were seen. There were 36.5 breaches involving 48 patients, of whom 23 were shared Revisions post patient pathway confirmation and pathology validation:- Sep was 38%, 71 seen (44), now 40% 82 seen (49.5) Aug was 36% 62.5 seen (40), now 35% 64 seen (41.5)	**35%** **64** **(41.5)**	**40%** **82** **(49.5)**	**28%** **50.5** **(36.5)**	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days [n] = number of referrals received n = number of completed referrals (n) = breaches {n} = longest wait in days	**38.6%** **[255]** **189** **(101)** **{32}**	**36.5%** **[349]** **181** **(115)** **{43}**	**15.5%** **[330]** **226** **(191)** **{46}**	
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	93% 116 (9)	93% 162 (13)	95% 82 (4)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Cancelled Appointments	By March 2018 reduce by 20% the number of hospital cancelled consultant-led outpatient appointments.	% = % reduction on baseline n = number of cancelled appointments (n) = cancellations over target Baseline = 2004/month Target = 1604/month	**5.0%** **1904** **(300)**	**-7.7%** **2158** **(554)**	**-13.3%** **2270** **(666)**	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	OCT 20	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Allied Health Professions waits	All < 13 weeks	**71.7%**	**73.0%**	**70.0%**	**67.1%**	**66.5%**	**71.4%**	**75.6%**	**77.7%**	**79%**	**77.6%**	**75.9%**	**70.4%**	**69.7%**
Complex Discharges	Min. 90% <48hrs (SET TOR)	**72.7%**	**71.7%**	**65.9%**	**71.5%**	**68.6%**	**73.2%**	**71.7%**	**70.7%**	**64.1%**	**64.8%**	**65.6%**	**62.9%**	**60.5%**
	Min. 90% <48hrs (SET in SET beds)	**68.6%**	**68.0%**	**65.0%**	**69.0%**	**70.0%**	**72%**	**69.7%**	**70.5%**	**63.3%**	**65%**	**65.0%**	**60.6%**	**58.6%**
	Min. 90% <48hrs (All in SET beds)	**62.8%**	**64.2%**	**59.5%**	**63.6%**	**64%**	**61.2%**	**61.9%**	**63.6%**	**59.7%**	**57%**	**59.8%**	**56.9%**	**51.3%**
	Number complex discharges	**336**	**342**	**343**	**368**	**369**	**366**	**381**	**354**	**395**	**370**	**368**	**339**	**349**
	ALL <7days	**91.1%**	**92.7%**	**87.9%**	**94.3%**	**93.2%**	**91%**	**92.6%**	**93.2%**	**92.2%**	**85.7%**	**87%**	**87.6%**	**87.7%**
	SET and Other TOR	**94.1%**	**94.8%**	**91.1%**	95.5%	95.2%	**93.5%**	**94.9%**	**96.5%**	**92.5%**	**89.4%**	**89.1%**	**88.0%**	**90.1%**
	Belfast TOR	**84.0%**	**84.7%**	**81.1%**	**91.2%**	**87.5%**	**83.3%**	**86.7%**	**85%**	**90.8%**	**73.6%**	**81.4%**	**86.4%**	**80.2%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 3 475 (cum 1523)			Quarter 4 544 (cum 2067)			Quarter 1 529			**Reported Quarterly in Arrears**			
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	92%	92%	**89%**	**89%**	92%	91%	**88%**	**87%**	**83%**	**80%**	**82%**	**84%**	**84%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**25.2% (675)**	**26.4% (719)**	**21.9% (808)**	**21.8% (865)**	**21.7% (907)**	**21.2% (953)**	**22.7% (971)**	**19.8% (1018)**	**21.7% (1056)**	**21.7% (1108)**	**19.9% (1180)**	**18.8% (1197)**	**19.2% (1019)**
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 3 425 (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)	202	200	209	213	212	215	221	219	218	223	226	229	228
Community Based short Breaks (Elderly)	By March 2017, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 216530 Target =227356	Quarter 3 45 611 Hours (cum 141 221 Hours)			**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

Service Area	Indicator		OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Assess and Treat Older People	Main components of care needs met <8 weeks		97.7%	98.9%	100%	99.1%	96%	98.9%	98.7%	100%	100%	100%	100%	99%	99%
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)**
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	64.3% (452)	51.4% (785)	**27.7% (2015)**	**27.8% (1872)**	**34.6% (1480)**	**45.2% (1141)**	**44.5% (1229)**	**47.5% (1239)**	**47.6% (1226)**	**41.8% (1644)**	**36.8% (1937)**	**35% (2098)**	**29.4% (2550)**
		<52wks	100% (0)	**85.5% (282)**	**55.7% (1235)**	**65.6% (892)**	**83.4% (376)**	99.6% (8)	99.9% (3)	99.9% (3)	99.9% (3)	99.9% (2)	99.9% (2)	100% (1)	**95.4% (167)**

Directorate KPIs & SQE Indicators

Service Area	Indicator	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	42%	**38%**	**29%**	**24%**	**34%**	**23%**	40%	**39%**	42%	45%	47%	**18%**	44%

Primary Care & Older People Services - Corporate Issues

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

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>AUG</th><th>SEPT</th><th>OCT</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 October 2021 of 12373 patients on the AHP waiting list, 3754 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>5516</td><td>328</td><td>76.2%</td></tr>
<tr><td>OT</td><td>2081</td><td>283</td><td>56.8%</td></tr>
<tr><td>Orthoptics</td><td>579</td><td>169</td><td>63.7%</td></tr>
<tr><td>Podiatry</td><td>973</td><td>178</td><td>96.6%</td></tr>
<tr><td>Adults S&LT</td><td>1238</td><td>830</td><td>35.5%</td></tr>
<tr><td>Childrens S&LT</td><td>532</td><td>185</td><td>69.2%</td></tr>
<tr><td>Dietetics</td><td>1454</td><td>334</td><td>77%</td></tr>
</table>

[n] = total waiting

(n) = breaches</td><td>75.9%

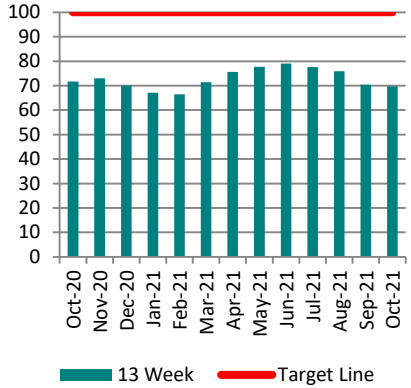
[11705]

(2819)</td><td>70.4%

[12186]

(3607)</td><td>69.7%

[12373]

(3754)</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).

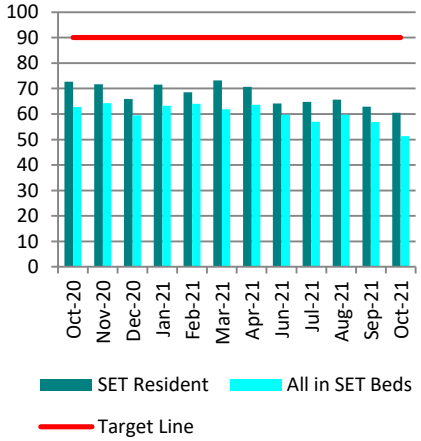
(n) = 48 hr breaches

Revisions post validation:-

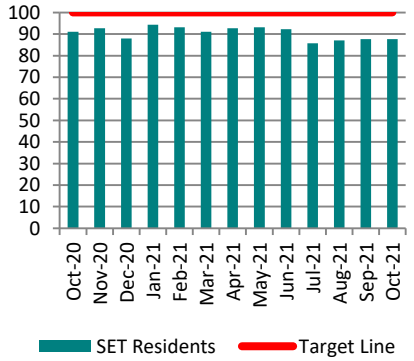
SET Key reasons:-
• Awaiting Assessment/Acceptance to Care Homes
• No Domiciliary Care Package Available</td><td>65.6%

(127)</td><td>62.9%

(142)</td><td>60.5%

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

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients (any Trust of Residence) in SET beds. (n) = complex discharges. Revisions post validation:- Aug was 59.8% (368) SET 86 BT 56 NT 1 ST 4 NA 1 now 59.8% (368) SET 87 BT 55 NT 1 ST 4 blank 1 Sep was 56.9% (339) SET 98 BT 45 NT 2 ST 1 Now 57.2% (339) SET 96 BT 46 NT2 ST 1	**59.8%** **(368)** **>48 hrs By Trust of Res** **SET 87 BT 55 NT 1 ST 4 NA 1**	**56.9%** **(339)** **>48 hrs By Trust of Res** **SET 98 BT 45 NT 2 ST 1**	**51.3%** **(349)** **>48 hrs By Trust of Res** **SET 109 BT 61**	
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:- August was 65.3% 265 (92) now 65.0% 266 (93) Sept was 59.9 % 252 (101) now 60.6% 251 (99)	**65.0%** **266** **(93)**	**60.6%** **251** **(99)**	**58.6%** **263** **(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:- August was 86.4% 352 (48) SET 28 BT 19 ST 1 Now 87.0% 368 (48) SET 29 BT 23 ST 1	**87.0%** **368** **(48)** **SET 28 BT 19 ST 1**	**87.6%** **339** **(42)** **SET 29 BT 12 NT1 1**	**87.7%** **349** **(43)** **SET 26 BT 17**	

PRIMARY CARE AND OLDER PEOPLES SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying SET and other Trust of Residence patients in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- August was 89.1% 265 (29) now 89.1% 266 (29) Sep was 88.1% 252 (30) now 88.0% 251 (30)	**89.1%** **266** **(29)**	**88.0%** **251** **(30)**	**90.1%** **263** **(26)**	
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:- August was 80.8% 99 (19) now 81.4% 102 (19) Sep was 86.2% 87 (12) now 86.4% 88 (12)	**81.4%** **102** **(19)**	**86.4%** **88** **(12)**	**80.2%** **86** **(17)**	

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	
Unplanned Admissions	By March 2018 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825 17/18 Target = 2684 **Reported Quarterly in arrears.**	456 (cum 456)	592 (cum 1048)	475 (cum 1523)	544 (cum 2067)	529 (cum 529)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

PRIMARY CARE AND OLDER PEOPLES SERVICES

Service Area	Target	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	92%	92%	**89%**	**89%**	93%	91%	**88%**	**87%**	**83%**	**80%**	**82%**	**84%**	**84%**
	Total Number of Urgent Calls	866	802	973	990	685	789	928	1070	1032	1087	945	975	1040
	Urgent Calls within 20 minutes	792	725	864	885	640	716	815	927	860	866	779	815	835
	100% of less urgent calls triaged within 1 hour	**92%**	**88%**	**79%**	**77%**	**92%**	**84%**	**77%**	**74%**	**72%**	**56%**	**66%**	**71%**	**56%**
	Total Number of Routine Calls	5233	4867	5318	5719	4419	5023	5747	6219	5049	6216	5773	5727	6572
	Routine calls within 1 hour	4794	4257	4203	4395	4074	4213	4412	4596	3618	3501	3810	4053	3708

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Adult MH Services waits	All < 9 weeks	100%	100%	**94.5%**	**92.0%**	97.0%	100%	100%	100%	99.7%	95.7%	90.0%	97.0%	99%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 3 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	**83.6%**	**85.4%**	**90%**	**88.5%**	**90.1%**	96%	100%	98%	99%	100%	97.1%	100%	95%
	All < 28 days (no. Breaches)	10	8	5	6	6	3	7	4	4	5	3	4	4
	All follow-up < 7 days from discharge	100%	98%	100%	100%	100%	100%	100%	100%	100%	94.1%	99%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

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

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	8	10	4	5	10	15	10	8	10	18	9	14	14
	What % were responded to within the 20 day target? (target 65%)	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**
	How many were outside the 20 day target?	3	6	2	0	4	11	3	5	8	10	7	7	10
Freedom of Information Requests – Mental Health	How many FOI requests were received this month?	2	0	1	3	3	1	2	4	0	1	1	3	1
	What % were responded to within the 20 day target? (target 100%)	**50%**	n/a	100%	100%	**66%**	**0%**	**0%**	**25%**	n/a	100%	**0%**	**0%**	**0%**
	How many were outside the 20 day target?	1	0	0	3	1	1	2	3	0	0	1	3	1

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Waiting Times For Assessment And Treatment	No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services.	% = % compliance (n) = number on waiting list [n] = number waiting > 9 weeks	90.0% 730 [73]	97% 678 [21]	99% 676 [8]	.All patients were seen within 13 weeks.
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 60 SET discharges in October 2021	97.1%	100%	95%	3 patients were 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 October 2021 there remained 4 patients on the Wards that are recorded as delayed discharges	3	4	4	2 Patients – Down, MHIPU 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 60 SET discharges in October. 44 people were offered an appointment with 41 people having been seen. 10 Patients were forwarded to other Trusts	99.0%	100%	100%	10 Patients were referred to other Trusts – 6 - BHSCT. 4 – SHSCT. 3 Patients did not attend. 3 Patients referred to MHSOP. 1 Patient referred to Learning Disability. 1 Patient was outside of the UK. 1 Patient declined follow-up.

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	4	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	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)	976	977	991	1001	1006	1014	1024	1027	1033	1048	1056	1066	1067

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	100%	100%	100%	100%	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	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Adult Learning Disability / Adult Disability	By March 2018, secure a 10% increase in the number of direct payments (Physical and Sensory Disability) March 16 = 189 Target = 207	284	286	288	291	294	297	300	304	307	309	313	314	313
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	467	468	471	474	477	479	481	482	486	494	495	501	504
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

		Quarter 2 (20/21)	Quarter 3 (20/21)	Quarter 4 (20/21)	Quarter 1 (21/22)	Quarter 2 (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)	75 (cum 94)	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	65 (cum 112)	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	60 (cum 140)	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: 15233 Hours (cum: 30542.9 Hrs) PD: 7736 Hours (cum: 28316 Hrs)	LD: 12788 Hours (cum 43330.9 Hrs) PD:8943 Hours (cum: 37259 Hrs)	LD: 23074 Hours (cum 66404.9 Hrs) PD: 12493 Hours (cum 49752 Hrs)	LD: 16848 Hours PD: 12156 Hours	LD: 18580 Hours (cum 35428 Hrs) PD: 12576 Hours (cum 24732 Hrs)
	Achieve minimum 88% internal environment cleanliness target.	94%	92%	94%	92%	95%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	8	10	4	5	10	15	10	8	10	18	9	14	14
	What % were responded to within the 20 day target? (target 65%)	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**
	How many were outside the 20 day target?	3	6	2	0	4	11	3	5	8	10	7	7	10
Freedom of Information Requests – Disability Services	How many FOI requests were received this month?	2	0	1	0	0	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	**0%**	n/a	**0%**	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?	2	0	1	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>AUG</th><th>SEPT</th><th>OCT</th><th></th></tr>
<tr><td rowspan="2">Discharge</td><td>Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.</td><td>All patients discharged within the target time during May.</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>No discharge taking longer than 28 days.</td><td>The Trust currently has 5 people awaiting discharge.

n = number awaiting discharge
(n) = breaches</td><td>5
(5)</td><td>5
(5)</td><td>5
(5)</td><td>Muckamore:-<table><tr><th>Delay in days</th><th>Aug</th><th>Sep</th><th>Oct</th></tr><tr><td>0-7</td><td>0</td><td>0</td><td>0</td></tr><tr><td>8-28</td><td>0</td><td>0</td><td>0</td></tr><tr><td>29-90</td><td>0</td><td>0</td><td>0</td></tr><tr><td>91-365</td><td>1</td><td>1</td><td>0</td></tr><tr><td>>365</td><td>4</td><td>4</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%						
	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%						
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%						
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%						
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%**						
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%						
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%						
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%**						
	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%**						
	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%**						

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	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	8	10	4	5	10	15	10	8	10	18	9	14	14
	What % were responded to within the 20 day target? (target 65%)	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**
	How many were outside the 20 day target?	3	6	2	0	4	11	3	5	8	10	7	7	10
Freedom of Information Requests – Prison Healthcare	How many FOI requests were received this month?	0	0	0	0	0	1	0	0	0	0	1	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	n/a	n/a	n/a	**0%**	n/a	n/a	n/a	n/a	**0%**	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	1	0	0	0	0	1	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>AUG</th><th>SEPT</th><th>OCT</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%
290
(3)</td><td>99%
302
(2)</td><td>99%
326
(3)</td><td><u>Maghaberry</u>
1 Patient unwell
1 Patient Refused/Delayed

<u>Hydebank</u>
1 Patient Refused</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>Aug</th><th>Sep</th><th>Oct</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>251</td><td>270</td><td>268</td></tr><tr><td>Breaches</td><td>4</td><td>5</td><td>3</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>45</td><td>58</td><td>50</td></tr><tr><td>Breaches</td><td>0</td><td>1</td><td>2</td></tr></table></td><td>98.3%
286
(5)</td><td>99%
296
(4)</td><td>98.5%
318
(5)</td><td><u>Maghaberry</u>
2 Late Assessments
1 Missed (To be completed)

<u>Hydebank</u>
2 Patients refused

(8 patients released prior to Comprehensive Nursing Assessment)</td></tr>
<tr><td>Mental Health Assessment</td><td>All individuals who have entered prison will be seen by a Mental Health Practitioner within 5 working days.</td><td>% = performance
n = total number
(n) = breaches</td><td>100%
289
(0)</td><td>99%
298
(2)</td><td>99%
312
(2)</td><td><u>Maghaberry</u>
1 Patient refused
1 Delayed

(14 patients released prior to Mental Health Assessment)</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%
39
(0)</td><td>100%
53
(0)</td><td>100%
31
(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	**30%** **(73)**	**35%** **(66)**	**29%** **(79)**	
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% 286 (0)	100% 294 (0)	100% 315 (0)	
Tuberculosis	All individuals who enter prison will be offered Tuberculosis screening at the Comprehensive Health Assessment.	% offered Offered – number (n) = breaches	100% 286 (0)	100% 294 (0)	100% 315 (0)	
AHP Service	Regional Access Targets for Routine Outpatient Appointments should not exceed 13 weeks for; Musculoskeletal Outpatient Physiotherapy,	% compliance n = number of breaches l = Longest wait	100% 0 89 days	**90%** **7** **119 day**	**86%** **6** **114 day**	

ADULT SERVICES – PRISON HEALTHCARE SERVICES

AHP Service	Podiatry	% compliance (N) = number of breaches (L) = Longest wait	100% 0 83 days	**89%** **3** **119 days**	**84%** **5** **150 day**	
AHP Service	Dietetics	% compliance (N) = number of breaches (L) = Longest wait	100% 0 78 days	100% 0 55 days	**73%** **3** **139 day**	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Psychological Therapies waits	All < 13 weeks	**22.2%**	**25.0%**	**25.4%**	**27.2%**	**25.9%**	**25.3%**	**28.7%**	**26.2%**	**24.8%**	**21.4%**	**21.2%**	**23.2%**	**25.6%**

Adult Services Directorate – Clinical Psychology Services – KPIs

	OCT	NOV	DEC	JAN 21	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT
Direct Contacts (cum)	2320 (15959)	2504 (18463)	2135 (20598)	2453 (23051)	2513 (25561)	2661 (28222)		2594	2755 (5349)	2705 (8054)	2203 (10257)	2101 (12358)	2233 (14591)	2237 (16828)
Consultations (cum)	90 (694)	90 (784)	81 (865)	79 (974)	94 (1068)	81 (1149)		78	97 (175)	107 (282)	96 (378)	65 (443)	81 (524)	118 (642)
Supervision - Hours (cum)	116 (887)	110 (997)	121 (1118)	133 (1251)	125 (1376)	153 (1529)		135	135 (270)	125 (395)	124 (519)	129 (648)	134 (782)	124 (906)
Staff training - Hours (cum)	35.5 (103)	12 (115)	26 (141)	23 (164)	26 (190)	26 (216)		32	36 (68)	63 (131)	48.5 (179.5)	40 (219.5)	65 (284.5)	51.5 (336)
Staff training - Participants (cum)	61 (236)	42 (278)	43 (321)	47 (368)	99 (467)	79 (546)		110	111 (212)	140 (352)	66 (418)	65 (483)	205 (688)	118 (806)

Adult Services Directorate – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Adult & Prison Healthcare Services Complaints	How many complaints were received this month?	8	10	4	5	10	15	10	8	10	18	9	14	14
	What % were responded to within the 20 day target? (target 65%)	**63%**	**40%**	**50%**	100%	60%	**27%**	70%	**38%**	**20%**	**44%**	**22%**	**50%**	**29%**
	How many were outside the 20 day target?	3	6	2	0	4	11	3	5	8	10	7	7	10

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance (n) = number on waiting list [n] = number waiting > 13 weeks	**21.2%** **(1318)** **[1039]**	**23.2%** **(1322)** **[1015]**	**25.6%** **(1344)** **[1000]**	
		Breaches	**AUG**	**SEPT**	**OCT**	**Longest Wait (days)**
		Adult Mental Health	**581**	**547**	**513**	669
		Older People	**40**	**35**	**34**	62
		Adult Learn Dis	**26**	**21**	**23**	40
		Children's Learn Dis	**9**	**13**	**12**	16
		Adult Health Psych	**360**	**376**	**389**	506
		Children's Psych	**23**	**23**	**29**	51
		Total	**1039**	**1015**	**1000**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (3)	100% (5)	100% (2)	100% (2)	100% (2)	100% (1)	**25% (4)**	**0% (2)**	100% (4)	100% (7)	100% (0)	100% (3)	**75% (4)**
	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)	100% (0)	100% (0)	95.7% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	100% (0)	**91.7% (2)**	**83.3% (3)**	**90% (1)**	**77.8% (4)**	**91.7% (2)**	**75% (3)**	**93.3% (1)**	**94.1% (1)**	95.2% (1)	**64% (9)**	**71.4% (2)**	**66.7% (5)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	**90% (2)**	**92.9% (1)**	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	99.4% (1)	97.3% (5)	95.7% (6)	**93.6% (10)**	96.8% (5)	96.8% (5)	**92.1% (12)**	95.2% (8)	**86.1% (24)**	**91.4% (14)**	**89.2% (15)**	97.1% (4)	**93% (13)**
	All Family support initial assessment completed <10 days of allocation	**46.7%**	**48.4%**	**31.4%**	**38.5%**	**31.4%**	**36%**	**33.6%**	**36.5%**	**40.2%**	**44.2%**	**33.8%**	**23.5%**	**35.3%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**77.5% (9)**	**58.6% (12)**	**64.7% (6)**	**66.7% (23)**	**72.4% (8)**	**79.2% (6)**	**76% (6)**	**25.7% (26)**	93.1% (2)	**69.1% (8)**	**50% (14)**	94.7% (1)	**88.5% (4)**
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)	97.6% (2)	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	Quarter 3 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	192*	198*	212	207	172	287	297	264	247	239	222	184	214
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	173*	191*	184	179	168	260	269	234	208	194	185	124	182

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Fostering	Number of Mainstream Foster Carers	399	402	410	395	399	401	366	359	364	360	351	352	354
	Number of children with Independent Foster Carers	75	75	75	76	76	73	77	75	72	73	73	70	71
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	**86.2%**	**80.5%**	**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)	**Quarter 3 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)	**94%**	97.3%	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*	*239**	*261**	*309*	*291*	*285*	*414*	*399*	*382*	*354*	*350*	*311*	*308*	*354*
	Family Centre Waiting List at month end			18										
Care Leavers	At least 75% aged 19 in education, training or employment	76%	77%	79%	79%	79%	83%	85%	86%	86%	86%	84%	79%	79%

*not yet available

Children's Services - Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 21	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	9	10	7	11	4	11	7	3	9	4	4	13	4
	What % were responded to within the 20 day target? (target 65%)	**11%**	**0%**	**14%**	**18%**	**50%**	**9%**	**0%**	**0%**	**33%**	**50%**	**0%**	**0%**	**25%**
	How many were outside the 20 day target?	8	10	6	9	2	10	7	3	6	2	4	13	3
Freedom of Information Requests	How many FOI requests were received this month?	4	3	2	2	4	1	2	1	4	2	4	5	3
	What % were responded to within the 20 day target? (target 100%)	**25%**	**67%**	**50%**	**50%**	**50%**	**0%**	**0%**	100%	**25%**	100%	**75%**	**20%**	**33%**
	How many were outside the 20 day target?	3	1	1	1	2	1	2	0	3	0	3	4	2

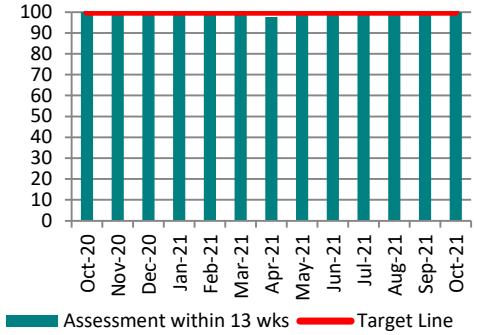
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Children In Care	All children admitted to residential care should, prior to admission:- (1) Have been the subject of a formal assessment to determine the need for residential care. (2) Have had their placement matched through the Children's Resource Panel Process.	% = % compliance (n) = No. of children admitted to care this month	100% (0)	100% (3)	**75%** **(4)**	
	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
			AUG	SEPT	OCT	
Assessment Of Children At Risk Or In Need	All child protection referrals to be allocated within 24 hours of receipt of referral.	% = compliance (n) = total referrals [n] = number allocated within 24 hrs	100% (42) [42]	100% (31) [31]	100% (19) [19]	
	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% (57) [57]	100% (40) [40]	100% (40) [40]	
	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	**64%** **(25)** **[16]**	**71.4%** **(7)** **[5]**	**66.7%** **(15)** **[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% (16) [16]	100% (10) [10]	100% (9) [9]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
	All family support referrals to be allocated to a social worker within 30 working days for initial assessment.	% = % compliance (n) = number of referrals allocated [n] = number within 30 days	**89.2%** **(139)** **[124]**	97.1% (137) [133]	**93%** **(177)** **[164]**	
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	**33.8%** **(74)** **[25]**	**23.5%** **(115)** **[27]**	**35.3%** **(102)** **[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.	**50%** **(28)** **[14]**	94.7% (19) [18]	**88.5%** **(35)** **[31]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st October 2021, 64 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 76 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>AUG</th><th>SEPT</th><th>OCT</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 October 2021 – 14 total waiters:-

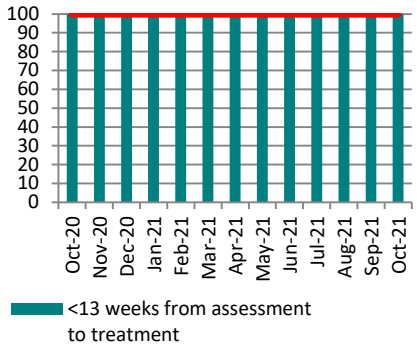
0 – 4 wks: 13
>4 – 8 wks: 0
>8 – 13 wks: 1
> 13 wks: 0
Total: 14

Longest wait = 60 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 October 2021

Gateway: 12 (105)
Disability: 139 (158)
FIT: 63 (91)
Total: 214 (354)</td><td>222

(311)</td><td>184

(308)</td><td>214

(354)</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>19</td><td>4</td><td>5</td><td>28</td></tr>
<tr><td>1-4 wks</td><td>74</td><td>15</td><td>23</td><td>112</td></tr>
<tr><td>4-8 wks</td><td>10</td><td>43</td><td>13</td><td>66</td></tr>
<tr><td>> 8 wks</td><td>2</td><td>96</td><td>50</td><td>148</td></tr>
<tr><td>Total</td><td>105</td><td>158</td><td>91</td><td>354</td></tr>
</table>
<table>
<tr><th>Area</th><th>Longest Wait</th></tr>
<tr><td>Gateway</td><td>50</td></tr>
<tr><td>FIT</td><td>278</td></tr>
<tr><td>Disability</td><td>356</td></tr>
</table>
</td></tr>
</table>

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: **200 Individuals enrolled & setting a quit date in the service by March 2019**	70 enrolled	39 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			
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			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			

HEALTH & WELLBEING

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

WORKFORCE AND EFFICIENCY

WORKFORCE AND EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2020/2021				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2022, demonstrate a 5% reduction on absenteeism from 2020-21. 2021/22 target is 6.32% (not yet confirmed by DoH)	2020-21 Year End absence was 6.65% (target 6.44%) HR to work collaboratively with the operational Directorates to address absence figures. Note: this does not include COVID related absence	6.53% (adj.)	7.08% (cum.)			Q2: 2020-21 = 6.73% Q2: 2019-20 = 6.08% Q2: 2018-19 = 6.68% Q2: 2017-18 = 6.55%
Induction	By March 2022, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	June 21 – Sept 21 = 349 New Starts (Excluding Bank Contracts) Induction Attendance June 21 – September 21 = 133 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%			Q2: 2020-21 = 70% Q2: 2019-20 = 70% Q2: 2018-19 = 75% Q2: 2017-18 = 79%
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%			Q2: 2020-21 = 44% Q2: 2019-20 = 44% Q2: 2018-19 = 43% Q2: 2017-18 = 47%
	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%			

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%			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 167 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 December 2021.
	To ensure that all Trust policies and procedures are screened and reported on a quarterly basis through the intranet.	Policies and Procedures are Equality Screened by author with advice and guidance from Equality Team. Quarterly Screening Report available on Trust Website	100%	100%			QSR was published September 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%			Total excluding MHIPU and Prison Healthcare: Bank 84.3% Agency 15.7%
	By March 22 to increase the Users of the Corporate Bank Service by 10%		0%	5.8%			Net growth at Qtr 2 with an increase of 15 new clients in Social Work to include social work students. Client Base now 273.

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%			
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			Covid 19 – all group session stopped 18 programmes delivered via Zoom 337 sessions 1,852 staff participated In Q3 More Move Lose More was launched which has led to an increase in sessions and staff participation rates **Q4** All session delivered via zoom with recorded sessions on some activities uploaded onto livewell site.
	To deliver & promote Staff Health Checks	This service is delivered by NI Chest Heart & stroke	update will be provided in Q2	153 wellbeing checks delivered to staff in Q1 & Q2			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					