South Eastern Health and Social Care Trust

Paper No. SET/60/18

Integrated Performance Management & Accountability Framework
Corporate Scorecard
August 2018

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 2017/18

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*

  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.

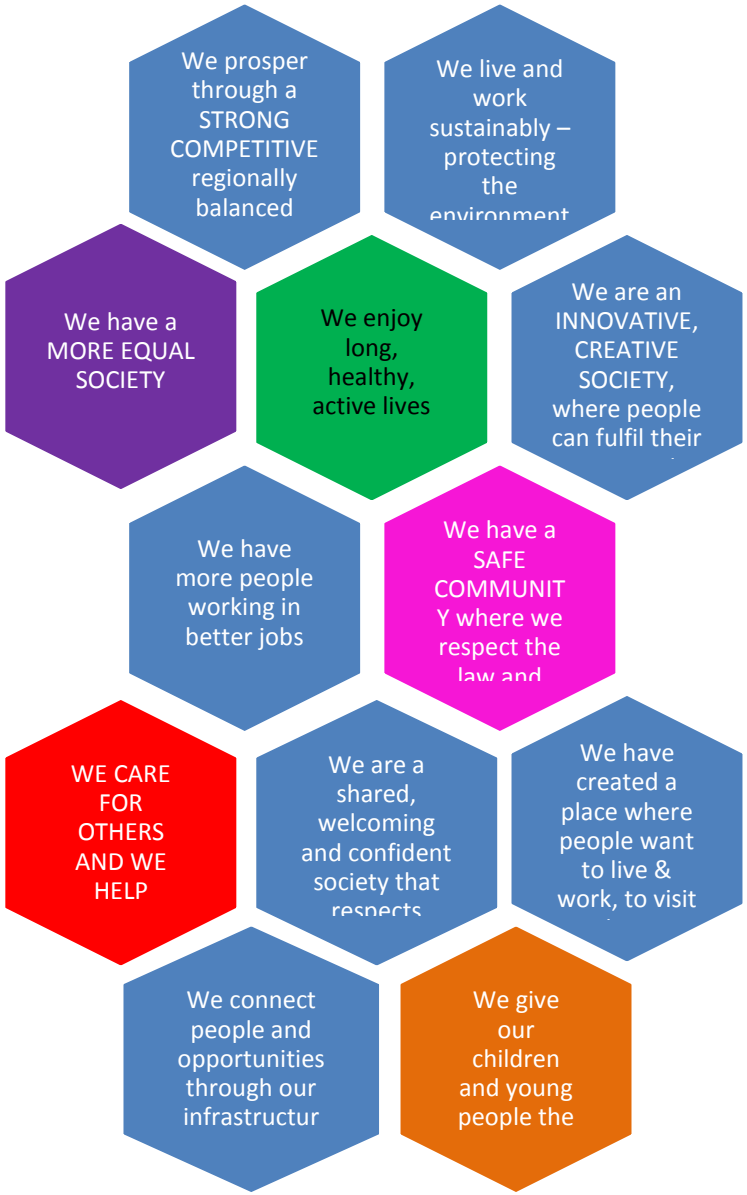
Glossary of Terms

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

SAFE AND EFFECTIVE CARE
August 2018

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.09.2018

Going forward the Scorecard will report in SPC charts rather than the run charts:

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

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

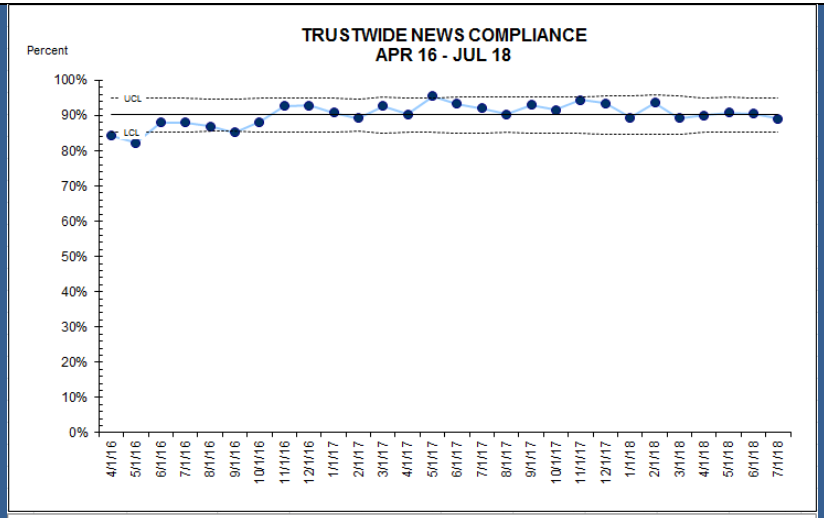
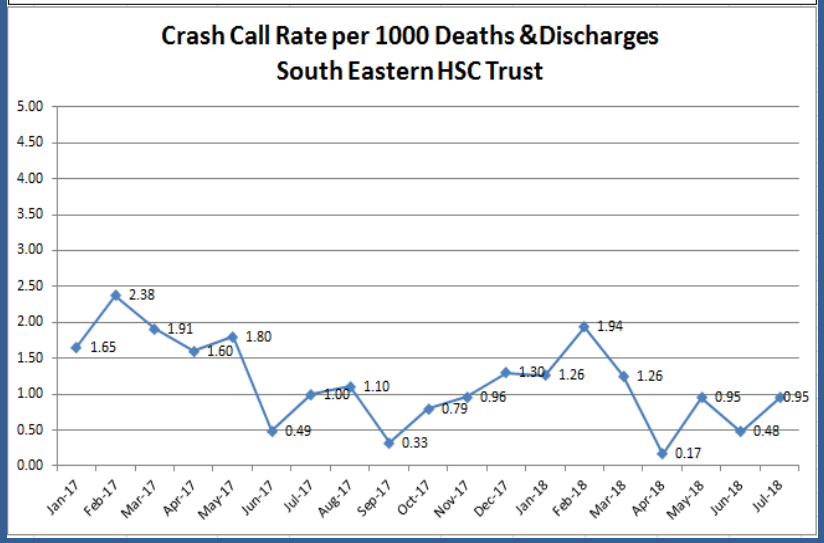
• As way of demonstrating and thinking about variation

• As simple tool for analysing data – measurement for improvement

• As a tool to help make better decisions - easy and sustainable to use

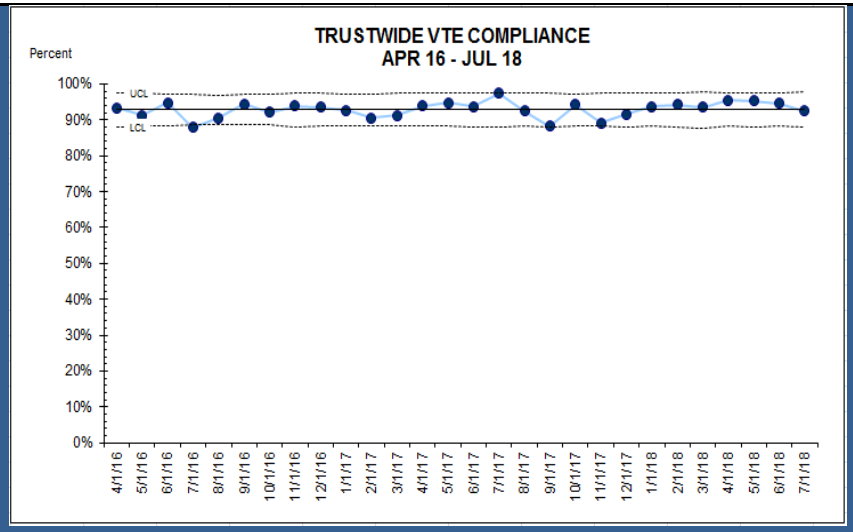
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.09.2018

Description	Aggregate position	Trend	Variation
The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process is measured across all wards each month through a random sample of 10 patient charts in each area.	**All cardiac arrests are sent to the monthly M&M meeting's for discussion.**	 	Lowest compliance questions: Part 1: Evidence of appropriate action? (95%) and Part 2: If NEWS score is above 5, is there documented evidence of appropriate action? (94%) **2016/17** Average compliance 88% **2017/18** Average compliance 93% **2018/19** Average compliance 90%

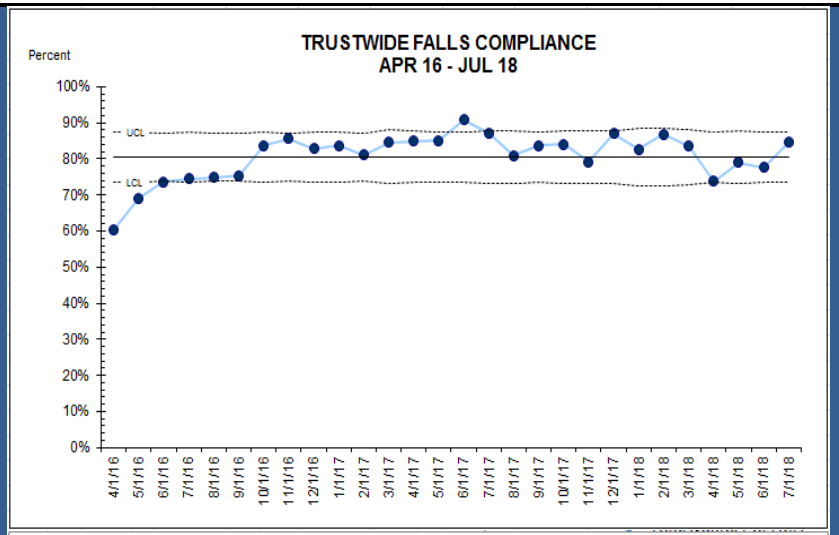
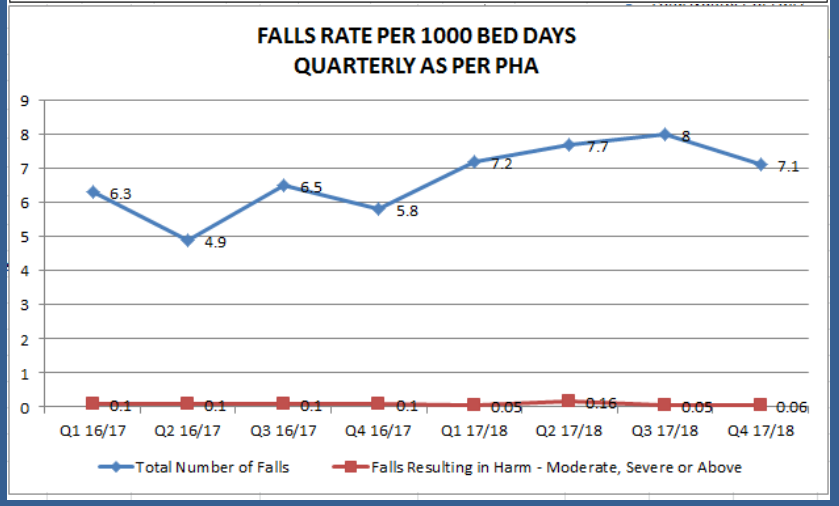
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.09.2018

Description	Aggregate position	Trend	Variation
Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2016/17			**2016/17** Average compliance 91% **2017/18** Average compliance 93% **2018/19** Average compliance 94%

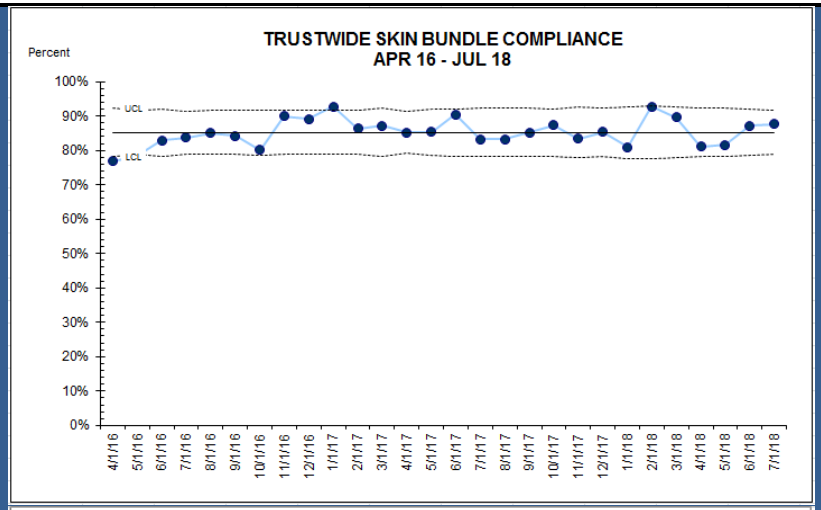
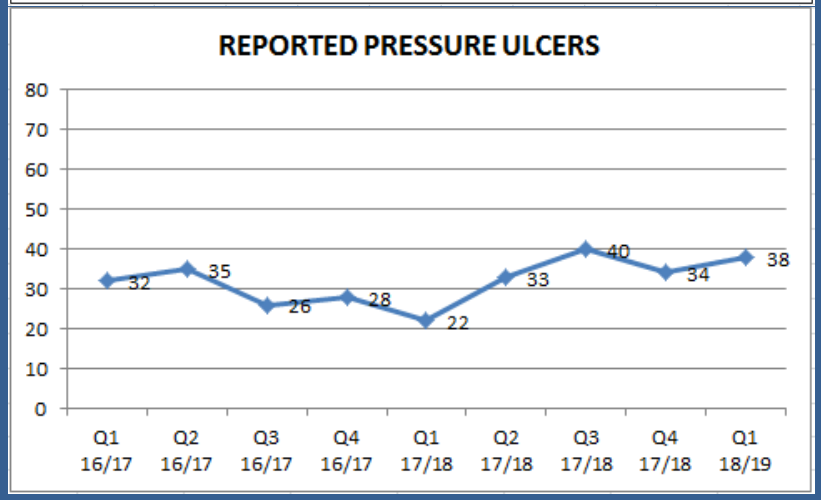
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.09.2018

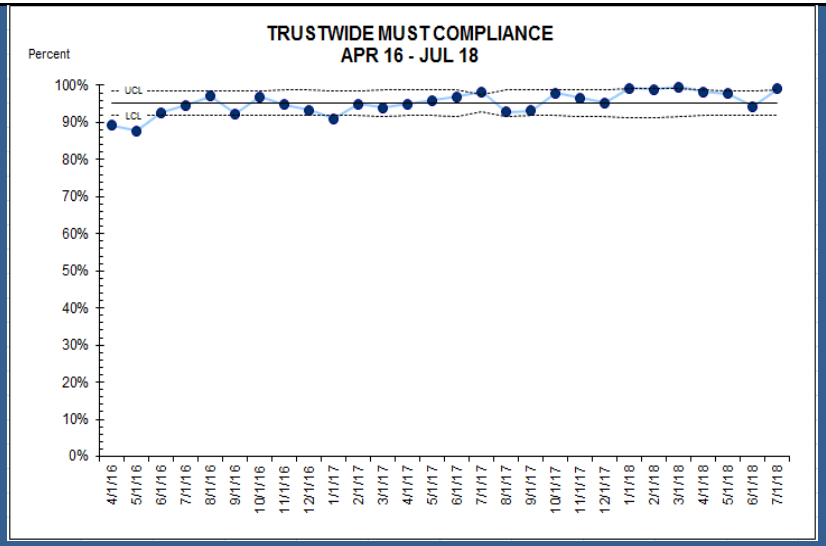
Description	Aggregate position	Trend	Variation
Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and those patients 65+ years and patients aged 50-64 years who are judged to be at higher risk of falling because of an underlying condition in part B.	**See chart with falls rate per 1000 bed days.** **Falls Champions workshop was held in September 2018** ***Falls rate for QTR 1 2018/19 is not yet available from PHA.***	 	Lowest compliance questions: Part A: 'Urinalysis performed' 94% Part B: 'Lying & Standing BP' 92% **2016/17** Average compliance 75% **2017/18** Average compliance 82% **2018/19** Average compliance 82%

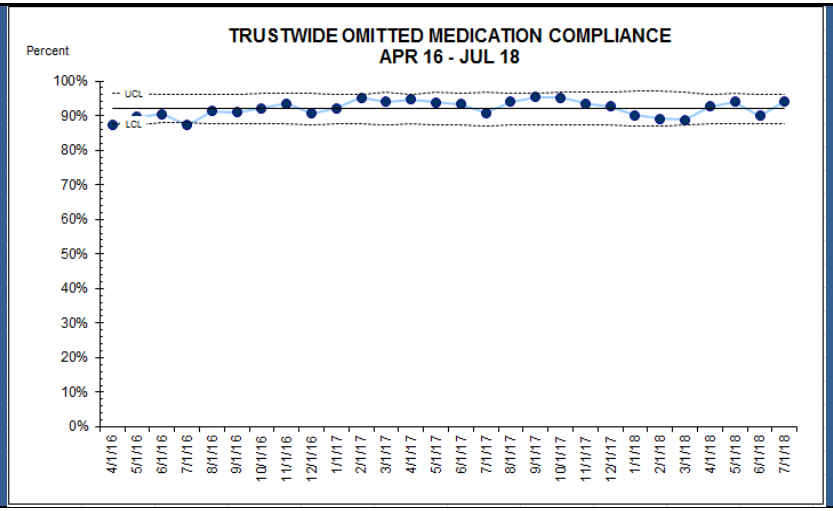
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 03.09.2018

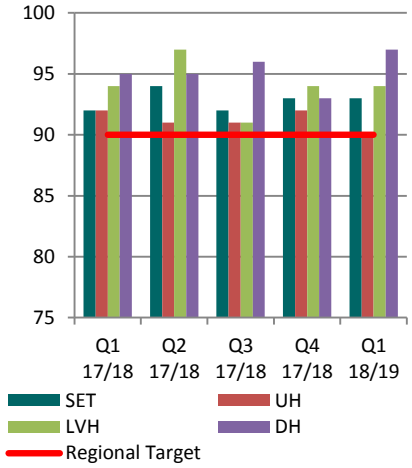
Description	Aggregate position	Trend	Variation
From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were avoidable **Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days**	**Pressure Ulcers reported in 2017/18 there were:** • **69 Grade 2** • **18 Grade 3** • **21 Grade 4 and above**	 	Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 92% **2016/17** Average compliance 83% **2017/18** Average compliance 86% **2018/19** Average compliance 86%

SAFE & EFFECTIVE CARE

Description	Aggregate position	Trend	Variation
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.	Compliance with MUST screening continues to be monitored across all adult acute inpatient areas, acute mental health and dementia units.		**2016/17** Average compliance 93% **2017/18** Average compliance 97% **2018/19** Average compliance 94%

Description	Aggregate position	Trend	Variation
95% compliance with fully completing medication kardexes (i.e. no blanks)	There has been a steady increase in compliance. This KPI is being addressed regionally; the Trust is sitting on the working group. Trust wide audit in progress August 2018		**2016/17** Average compliance 90% **2017/18** Average compliance 92% **2018/19** Average compliance 91%

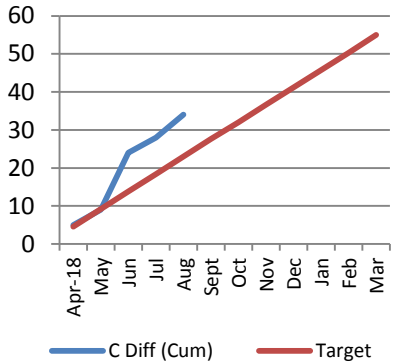
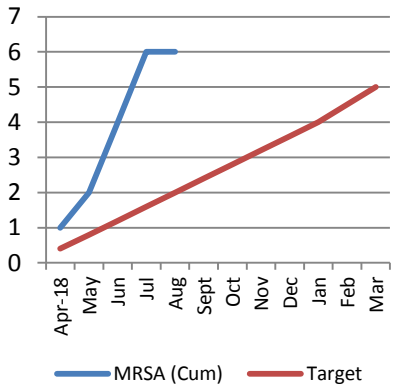
SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	
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 92%	SET 94%	SET 92%	SET 93%	SET 93%	
			UH 92%	UH 91%	UH 91%	SET 92%	UH 90%	
			LVH 94%	LVH 97%	LVH 91%	SET 94%	LVH 94%	
			DH 95%	DH 95%	DH 96%	DH 93%	DH 97%	

SAFE & EFFECTIVE CARE

<table>
<tr><th>TITLE</th><th>Target</th><th>NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th></th><th></th><th></th><th>JUN</th><th>JUL</th><th>AUG</th><th></th></tr>
<tr>
<td rowspan="2">HCAI</td>
<td rowspan="2">By March 2018, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16

There is not yet an updated target for 18/19.</td>
<td rowspan="2">
<table>
<tr><th></th><th>2017/2018 Target</th><th>2018/2019 Target</th></tr>
<tr><td>C Diff</td><td>Target<49</td><td>Target<55</td></tr>
<tr><td>MRSA</td><td>Target<6</td><td>Target<5</td></tr>
</table>
Of the 34 C Diff cases in 18/19, 13 were within 72 hours of admission, with 21 later than 72 hours from admission.

Of the 6 MRSA Cases, 6 were within 48 hours of admission, with none later than 48 hours of admission.
</td>
<td>C Diff
15
(cum 24)</td>
<td>C Diff
4
(cum 28)</td>
<td>C Diff
6
(cum 34)</td>
<td> 
</td>
</tr>
<tr>
<td>MRSA
2
(cum 4)</td>
<td>MRSA
2
(cum 6)</td>
<td>MRSA
0
(cum 6)</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		AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Outpatient waits	Min 50% <9 wks for first appt		20.8%	21.3%	22.1%	21.5%	19.2%	18.5%	19.7%	21.1%	21.3%	20.4%	21.4%	20.8%	19.5%
	All <52 wks		71.9%	70.9%	70.1%	69.3%	68.1%	67.6%	67.2%	65.8%	65.3%	63.8%	62.9%	62.2%	61.3%
Diagnostic waits	Imaging 75% <9 wks		67.5%	69.8%	69.8%	73.1%	70.0%	69.7%	72.3%	71.4%	68.5%	63.7%	62.5%	57.8%	56.7%
	Physiological Measurement <9 wks		62.6%	62.5%	65.2%	63.2%	58.9%	59.4%	62.1%	69.9%	60.4%	59.9%	63.1%	57.8%	50.4%
	Diag Endoscopies	< 9 wks	37%	35%	37%	38%	35%	36%	36%	35%	36%	38%	38.8%	36%	34%
		< 13 wks	60%	58%	60%	62%	63%	59%	62%	55%	53%	54%	56%	55.6%	58%
Inpatient & Daycase Waits	Min 55% <13 wks		44%	41%	45%	46%	44%	45%	44%	44.5%	44%	44%	46%	45%	45%
	All <52 wks		87%	86%	85%	85%	84%	84%	84%	83%	82%	81%	81.3%	81%	81%
Diagnostic Reporting	Urgent tests reported <2 days		95%	92.6%	91%	92.4%	91.8%	92.4%	90.8%	91%	91%	92.6%	92.4%	90.7%	89.7%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	79.9%	78.7%	76%	78%	70.2%	71.6%	71.5%	69.3%	74.8%	76.3%	75.8%	73.5%	73.5%
		12hr breaches	186	250	421	303	706	800	784	848	462	464	551	552	345
	UHD	4hr performance	69.1%	67.6%	64.3%	66.2%	59.1%	58.8%	59.9%	56.2%	62.3%	63.3%	62.4%	61.5%	63.4%
		12hr breaches	185	249	403	300	642	732	724	726	436	450	550	551	340
	LVH	4hr performance	91.0%	88.8%	88%	89.8%	80.4%	80.2%	77.9%	76.1%	82.3%	87.3%	85.4%	87.4%	79.9%
		12hr breaches	0	0	1	0	24	40	26	57	20	0	0	1	1
	DH	4hr performance	93.7%	93.7%	90.6%	92.6%	85.7%	87.4%	88.2%	86.9%	92.8%	92.5%	93.8%	93.3%	92.4%
		12hr breaches	1	1	17	3	40	28	34	65	6	14	1	0	4
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		88.9%	87.1%	87.6%	87.3%	84.7%	86.8%	82.9%	81.2%	87.3%	87.3%	86.4%	87.0%	88.7%
Non Complex discharges	ALL <6hrs		88.2%	86.7%	88%	87.9%	87.1%	89.1%	87.8%	88.8%	88.2%	87.1%	86.9%	87.7%	88.9%
Hip Fractures	>95% treated within 48 Hours		95%	74%	64%	48%	66%	64%	65%	62%	56%	68%	67%	64%	70%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		11.1%	14.3%	8.1%	16.6%	20%	16.3%	5.2%	10.7%	18.4%	16.2%	12%	5.9%	9.7%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		50%	44%	46%	45%	53%	54%	51%	66%	59%	56%	59%	57%	45%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)		100% (0) 17	100% (0) 14	92% (18) {44}	100% (0) {12}	99.5% (1) {15}	98.3% (4) {26}	100% (0) {12}	100% (0) {13}	100% (0) {14}	100% (0) {14}	99.5% (1) {21}	100% (0) {14}	100% (0) {14}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		95% (6)	93% (7)	92% (10)	94% (6)	95% (6)	97% (4)	97% (4)	98% (3)	96% (6)	94% (8)	94% (4)	96% (3)	94% (5)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%	100%	100%	100%	100%	100%	100%	100%	100%			Qtrly	Qtrly
	Psoriasis (n) - Breaches		0% (3)	100% (0)	100% (0)	80% (3)	66% (3)	77% (3)	57% (6)	46% (12)	52.9% (9)	0% (10)		Qtrly	Qtrly

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		94.9%	95.1%	95.1%	95.9%	97.4%	95.1%	96.4%	96.7%	95%	95.9%	95.3%	95.4%	98.7%
	% routine tests reported <28 days (Target formerly 100%)		96.8%	97.5%	99.9%	97.6%	97.8%	96.1%	98.9%	97.9%	96.9%	96.4%	96.1%	96.2%	99.3%
% Operations cancelled for non-clinical reasons		SET	0.8%	**2.7%**	0.9%	1.1%	1.6%	1.5%	1.3%	1.8%	1.8%	1%	**2.2%**	0.6%	0.8%
		UHD	1.2%	1%	1.4%	1.2%	1.8%	1.3%	1%	**2%**	1.8%	1.2%	1.7%	0.7%	0.9%
		LVH	0.4%	**7.1%**	0.4%	0.1%	0.3%	1.8%	**2.2%**	1.1%	**2.8%**	1.1%	1.9%	0.3%	0.6%
		DH	0.3%	1.1%	0.4%	**2.5%**	**3.2%**	1.5%	1.1%	1.9%	0.4%	0.2%	**4.3%**	0.4%	0.9%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 51%**	**Cum 52%**	**Cum 52%**	**Cum 54%**	**Cum 54%**	**Cum 56%**	**Cum 56%**	**Cum 57%**	**Cum 64%**	**Cum 69%**			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 79.7%	Cum 79.3%	Cum 79.5%	Cum 80%	Cum 79.4%	Cum 80.1%	Cum 80.2%	Cum 80.4%	Cum 76.9%	Cum 78.6%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		12167	11826	12215	11845	11586	11302	10512	12357	11574	12797	12435	12137	12238
	Ulster Hospital		8127	7925	8231	8022	7870	7397	6905	8106	7699	8375	8179	7918	7938
	Lagan Valley Hospital		2090	2035	2080	2055	1887	2038	1926	2245	2042	2308	2242	2147	2213
	Downe Hospital (inc w/end minor injuries)		1950	1866	1904	1768	1829	1867	1681	2006	1833	2114	2014	2072	2087
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		9.6%	9.3%	10.1%	10%	11.1%	10.6%	9.5%	11.2%	9.7%	10.3%	9.7%	10.3%	9.6%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		24.4%	21.3%	**10.1%**	**0.8%**	23.5%	**7.8%**	**7.3%**	**-5.8%**	**-6.2%**	**-8.3%**	**12.1%**	**15.3%**	**8.1%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5467	5185	5780	5802	4436	5552	5457	5876	5520	6249	6075	5648	5853
Other Operative Fractures	>95% within 48hrs		**88%**	**70%**	**66%**	**56%**	**64%**	**55%**	**55%**	**62%**	**61%**	**73%**	**68%**	**66%**	**69%**
	100% within 7 days		96.3%	97.6%	97.0%	98.5%	95.3%	**92.8%**	97.3%	95.2%	96%	97.6%	93.6%	92.9%	96%
Stroke	No of patients admitted with stroke		36	35	37	36	45	43	38	28	38	37	33	51	31
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**74.6% (302)**	**69.5% (278)**	**69% (205)**	**55.9% (152)**	**49.3% (148)**	**50.4% (132)**	**54% (110)**	**52.8% (102)**	**53.5% (118)**	**56% (106)**	**57.9% (85)**	**51.4% (128)**	**38.6% (153)**
		Ophth	**65% (405)**	**54.5% (332)**	**62.4% (397)**	**65.1% (391)**	**31% (408)**	**33.4% (381)**	**36.7% (330)**	**32.3% (341)**	**31.3% (340)**	**30.6% (347)**	**30.7% (346)**	**27% (392)**	**31.5% (352)**

HOSPITAL SERVICES

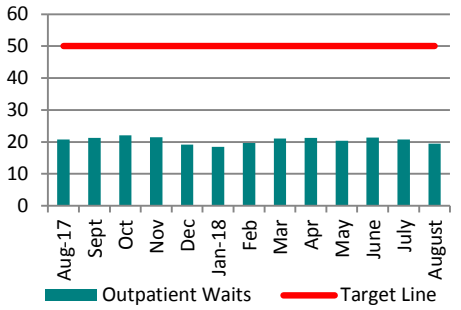
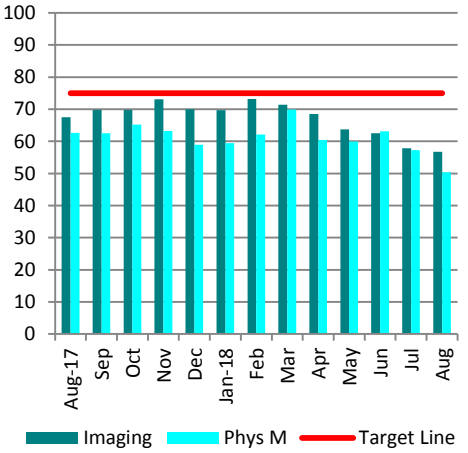
Directorate KPIs and SQE Indicators

Service Area	Indicator	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.7	5.9	5.9	6.1	6.6	7.0	7.2	7.0	6.6	6.5	5.9	6.3	6.2
	Ave LOS trimmed	4.5	4.7	4.8	4.7	5.2	5.6	5.6	5.5	5.1	5.0	4.8	4.9	4.7
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	9.9	11.2	12.2	12.7	12.2	12	11.3	10.3	10.5	11.4	8.6	11.3	10.2
	Ave LOS trimmed	6.3	7.7	8.1	7	7.5	7	7.2	7.1	6.1	7.0	6.8	7.1	7.3
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	81.2%	**79.5%**	**78.1%**	**69.4%**	**64.6%**	**73.4%**	**74.1%**	**74.8%**	**80.4%**	**80.1%**	**73.9%**	**80.8%**	**77.2%**
	% NEW attendances who left without being seen (Target < 5%)	2.6%	3.2%	2.8%	2.4%	3.3%	2.7%	3%	3.7%	2.3%	2.8%	3.3%	3.1%	3%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	3%	2.1%	2.5%	2.8%	2%	2.4%	2.1%	2.5%	2.7%	2.6%	3%	2.6%	2.8%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	55%	52.1%	50%	49.7%	43%	51.7%	43.7%	42.6%	49.7%	49.2%	46.8%	45.9%	52.1%

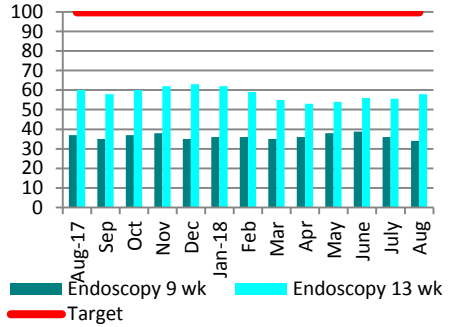
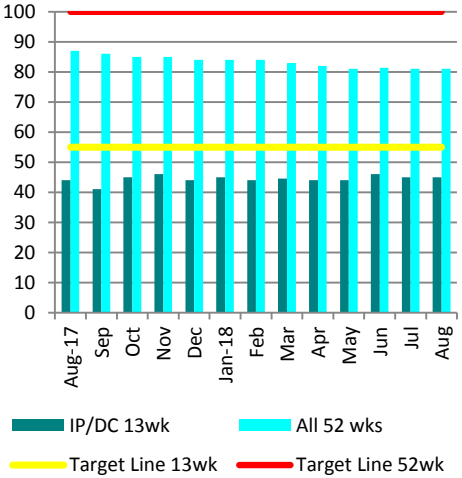
Hospital Services – Corporate Issues

Service Area	Indicator	JUL 17	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL
Complaints	How many complaints were received this month?	31	34	39	31	43	20	46	30	35	38	30	52	22
	What % were responded to within the 20 day target? (target 65%)	**26%**	**56%**	**51%**	**48%**	**35%**	**35%**	**35%**	**37%**	**31%**	**42%**	**47%**	63%	**14%**
	How many were outside the 20 day target?	23	15	19	16	28	13	30	19	24	22	16	19	19
Freedom of Information Requests	How many FOI requests were received this month?	6	15	4	13	13	9	13	11	6	11	3	2	11
	What % were responded to within the 20 day target? (target 100%)	**67%**	**93%**	**75%**	**77%**	100%	100%	**92%**	**73%**	**83%**	**82%**	**67%**	**50%**	**73%**
	How many were outside the 20 day target?	2	1	1	3	0	0	1	3	1	2	1	1	3

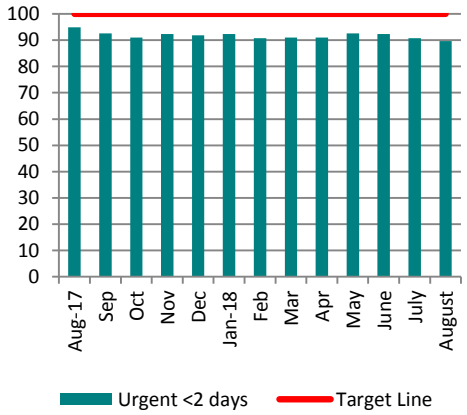
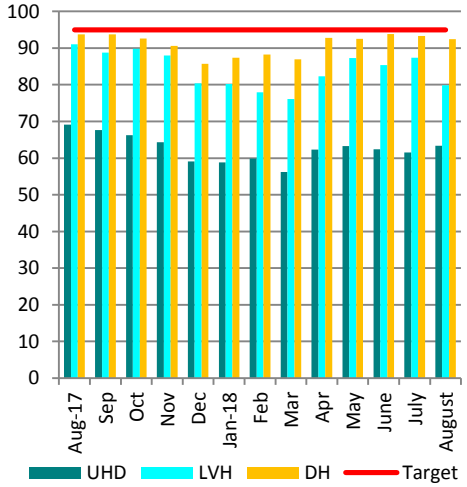
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE JUN	PERFORMANCE JUL	PERFORMANCE AUG	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	**21.4%** **[63584]** **[49950]** **[23573]**	**20.8%** **[64729]** **[51262]** **[24496]**	**19.5%** **[66517]** **[53562]** **[25716]**	
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.*	**62.5%** **[10113]** **(3792)** **{546}**	**57.8%** **[10153]** **(4287)** **{668}**	**56.7%** **[9934]** **(4306)** **{659}**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**63.1%** **(2238)** **{404}**	**57.2%** **(2703)** **{401}**	**50.4%** **(3101)** **{350}**	
	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)	**38.8%** **[3428]** **(2099)**	**36%** **[3401]** **(2178)**	**34%** **[3576]** **(2351)**	

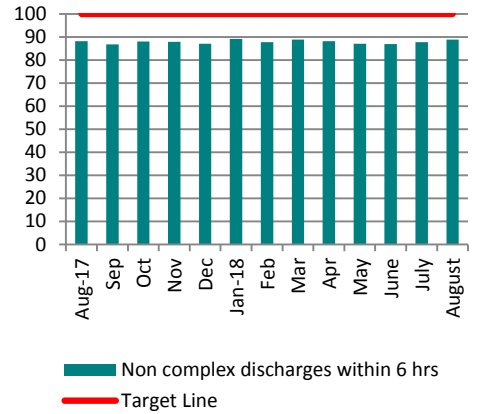
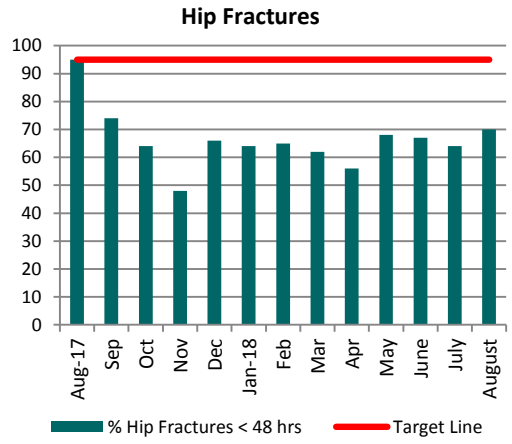
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE JUN	PERFORMANCE JUL	PERFORMANCE AUG	TREND
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	**56%** **[881]** **(388)**	**55.6%** **[820]** **(364)**	**58%** **[739]** **(309)**	
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	**46%** **(5606)**	**45%** **(5613)**	**45%** **(5618)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**81.3%** **(1935)**	**81%** **(1950)**	**81%** **(1933)**	

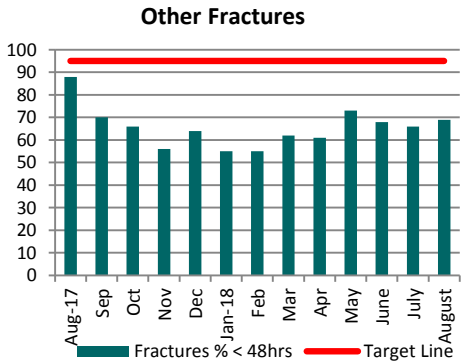
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In August 2018, of 1419 total urgent tests reported, 1273 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**92.4% (118) [1557]**	**90.7% (160) [1725]**	**89.7% (146) [1419]**	
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 14577 [11051] 75.8% (551)**	**SET 14185 [10724] 73.5% (552)**	**SET 14370 [10860] 73.5% (345)**	
			UH 8179 [5105] 62.4% (550)	**UH 7918 [4868] 61.5% (551)**	**UH 7938 [5031] 63.4% (340)**	
			LVH 2242 [1915] 85.4% (0)	**LVH 2147 [1876] 87.4% (1)**	**LVH 2212 [1768] 79.9% (1)**	
			DH 2014 [1889] 93.8% (1)	DH 2072 [1933] 93.3% (0)	DH 2087 [1928] 92.4% (4)	

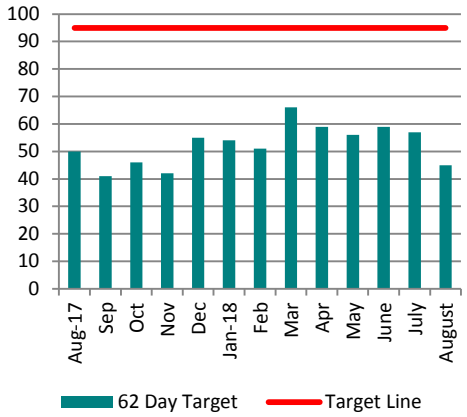
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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 Jun was 86.9% 2803 (368) now 87.5% 2800 (349) Jul was 87.7% 2739 (337) now 87.8% 2739 (335)	**87.5%** **2800** **(349)**	**87.8%** **2739** **(335)**	**88.9%** **2827** **(314)**	
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	**67%** **36** **(24)** **[12]**	**64%** **33** **(21)** **[12]**	**70%** **27** **(19)** **[8]**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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	**68%** **94** **(64)** **[30]** **{6}**	**66%** **85** **(56)** **[29]** **{6}**	**69%** **75** **(52)** **[23]** **{3}**	
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	**12%** **4** **(33)**	**5.9%** **3** **(51)**	**9.7%** **3** **(31)**	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 51 SET CBYL referrals received during August 2018. 28 were assessed within 24 hours. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	**44.6%** **(74)** **[41]**	**93%** **(70)** **[5]**	**54.9%** **(51)** **[23]**	3 individuals have since been assessed, 2 requested later dates and yet to be assessed. 2 closed in conjunction with GP. 7 declined service. 2 forwarded to other services for follow up and 7 open to CMHT and forwarded for follow up.

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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 Aug 2018, 41.5 patients were seen. There were 23 breaches involving 31 patients, of whom 16 were shared Revisions post patient pathway confirmation and pathology validation:- July was 57%, 41.5 seen, (18), now 52% 61.5 seen, (29.5) June was 59%, 66.5 seen, (27.5), now 60%, 68.5, (27.5)	**60%** **68.5** **(27.5)**	**52%** **61.5** **(29)**	**45%** **41.5** **(23)**	
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	99.5% [235] (202) (1) {21}	100% [232] (259) (0) {14}	100% [213] (216) (0) {14}	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	% = % who began treatment within 31 days n = number of patients (n) = breaches	94% 96 (6)	96% 74 (3)	94% 79 (5)	
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	**12.1%** **1761** **(157)**	**15.3%** **1697** **(93)**	**8.1%** **1842** **(238)**	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	100% (6) [0]	**Change to Quarterly Reporting**	**Change to Quarterly Reporting**	
	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	**0%** **(10)** **[10]**	**Change to Quarterly Reporting**	**Change to Quarterly Reporting**	

PRIMARY CARE AND OLDER PEOPLE SERVICES

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Allied Health Professions waits	All < 13 weeks	**90.9%**	**91.9%**	**93.9%**	**94.3%**	**92.6%**	**92.6%**	**93.1%**	97.6%	95.7%	**94.6%**	**93.9%**	**94.7%**	**93.8%**
Complex Discharges	Min. 90% <48hrs (SET TOR)	**76.8%**	**76.4%**	**74.6%**	**86%**	**83.4%**	**78.4%**	**77%**	**78.3%**	**79.5%**	**81.6%**	**84.7%**	**81.7%**	**82.9%**
	Min. 90% <48hrs (SET in SET beds)				99.8%	**86.6%**	**78%**	**71.2%**	**77.3%**	**75.7%**	**81.2%**	**86.1%**	**86.6%**	**86.8%**
	Min. 90% <48hrs (All in SET beds)	**72.7%**	**74.4%**	**66.8%**	**75.4%**	**77.6%**	**71%**	**67.2%**	**74.8%**	**73.5%**	**79.2%**	**78%**	**81.1%**	**82.4%**
	Number complex discharges	**366**	**344**	**340**	**403**	**426**	**498**	**363**	**465**	**408**	**434**	**428**	**457**	**484**
	ALL <7days	**89.3%**	**90.4%**	**84.1%**	**88.3%**	**90.8%**	**89.9%**	**88.7%**	**87.8%**	**89.4%**	**90.2%**	**91.8%**	**94.1%**	**93.8%**
	SET and Other TOR	95.4%	**94.3%**	**90.4%**	**93.3%**	**94.3%**	**94.2%**	**92.4%**	**90.5%**	**91.1%**	**92.1%**	**95.7%**	**95.3%**	**94.2%**
	Belfast TOR	**68.7%**	**74.2%**	**65.5%**	**73.3%**	**80.6%**	**75.7%**	**74.7%**	**78.7%**	**83.9%**	**84.3%**	**79.8%**	**90.8%**	**92.4%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 2 694 (cum 1422)		Quarter 3 729 (cum 2151)			**Quarter 4 799 (cum 2950)**			**Reported Quarterly in arrears**				
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**84%**	**83%**	**87%**	**84%**	**78%**	**80%**	**81%**	**78%**	**83%**	**87%**	**86%**	**87%**	**84%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**56.9% (206)**	**59.8% (180)**	**64.5% (166)**	**60.3% (188)**	**56.8% (205)**	**59.9% (211)**	**61.5% (200)**	**60.8% (208)**	**55.7% (237)**	**51.0% (260)**	**44.5% (226)**	**54.7% (237)**	**49.0% (258)**
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	982	1036	1087	1145	1174	1185	1203	1557	1584	1670	1839	1856	2011
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 2 205 (cum 524)		Quarter 3 286 (cum 810)			**Quarter 4 157 (cum 967)**			Quarter 1 287				
Direct Payments	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	110	106	126	127	127	131	132	132	130	129	131	134	134
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 2 66, 103 Hours (cum 126, 490 Hours)		Quarter 3 88, 075 (cum 214, 565 Hours)			Quarter 4 77939 (cum 292, 504 Hours)			Quarter 1 58608 Hours				

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Assess and Treat Older People	Main components of care needs met <8 weeks		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches		**91.9% (6)**	96.3% (6)	**93.3% (5)**	95.9% (3)	**93.3% (4)**	**91.8% (5)**	**93.2% (5)**	**92.4% (7)**	**82.8% (11)**	**87.4% (14)**	**90.8% (9)**	**93.5% (8)**	**91.5% (7)**
Orthopaedic ICATS	By March 2018, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks. (n) = breaches	<9 wks	72% (372)	71.3% (388)	73.3% (337)	80.3% (228)	84% (166)	93.4% (87)	91.8% (104)	65.9% (411)	66.9% (451)	75.7% (341)	78.1% (323)	**63.9% (653)**	**49.9% (1076)**
		<52wks	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	95.6% (55)	95.3% (57)	**85.5% (198)**	95.9% (57)	98% (30)	**83.5% (298)**	**75% (537)**

Directorate KPIs & SQE Indicators

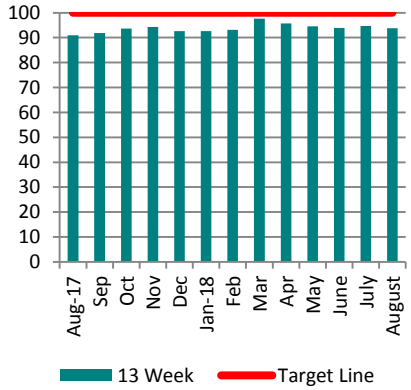
Service Area	Indicator	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	48%	**40%**	48%	42%	46%	53%	51%	51%	62%	55%	55%	44%	42%

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	JUL 17	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	AUG
Complaints Handling	How many complaints were received this month?	13	11	7	8	12	12	8	14	20	21	13	7	9
	What % were responded to within the 20 day target? (target 65%)	69%	64%	**43%**	63%	58%	75%	63%	64%	70%	90%	62%	57%	67%
	How many were outside the 20 day target?	4	4	4	3	5	3	3	5	6	2	5	3	3
Freedom of Information Requests	How many FOI requests were received this month?	2	4	3	3	4	3	2	0	4	5	3	4	1
	What % were responded to within the 20 day target? (target 100%)	100%	**25%**	100%	**67%**	100%	100%	**50%**	**n/a**	100%	100%	100%	**50%**	**0%**
	How many were outside the 20 day target?	0	3	0	1	0	0	1	0	0	0	0	2	1

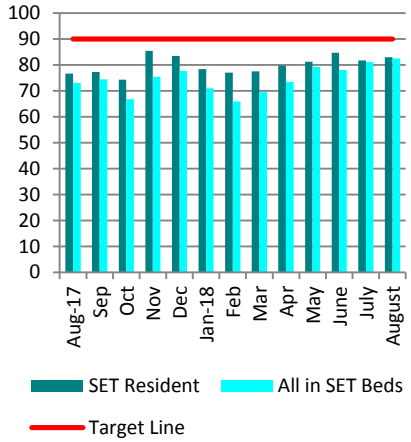
PRIMARY CARE AND OLDER PEOPLE SERVICES

<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>JUN</th><th>JUL</th><th>AUG</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 August 2018 of 10640 patients on the AHP waiting list, 661 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>5928</td><td>236</td><td>96.0</td></tr>
<tr><td>OT</td><td>1658</td><td>94</td><td>94.3</td></tr>
<tr><td>Orthoptics</td><td>386</td><td>7</td><td>98.2</td></tr>
<tr><td>Podiatry</td><td>1058</td><td>16</td><td>98.5</td></tr>
<tr><td>Adults S&LT</td><td>602</td><td>204</td><td>66.1</td></tr>
<tr><td>Childrens S&LT</td><td>343</td><td>37</td><td>89.2</td></tr>
<tr><td>Dietetics</td><td>847</td><td>40</td><td>95.3</td></tr>
</table>
[n] = total waiting
(n) = breaches</td>
<td>93.9%
[11112]
(677)</td>
<td>94.7%
[10815]
(575)</td>
<td>93.8%
[10640]
(661)</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 Web Portal).

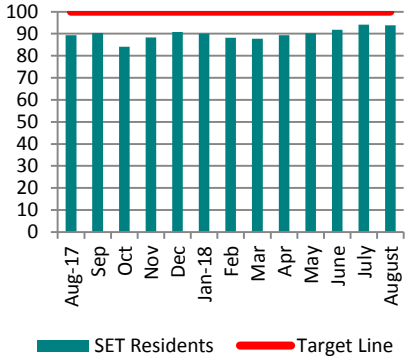
(n) = 48 hr breaches

Revisions post validation:-

Jun was 84.7% (45) now 84.3% (46)
Jul was 81.7% (54) now 81.4% (55)

SET Key reasons:-
• No Domiciliary Care Package
• Patient / Family resistance</td>
<td>84.3%
(46)</td>
<td>81.4%
(55)</td>
<td>82.9%
(51)</td>
<td> 
</td>
</tr>
</table>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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:- Jul was 81.1% (455) now 81.2% (457)	**78%** **(428)** **>48 hrs By Trust of res** **SET 45** **BT 48** **WT 1**	**81.2%** **(457)** **>48 hrs By Trust of res** **SET 44** **BT 40** **WT 1** **ST 1**	**82.4%** **(484)** **>48 hrs By Trust of res** **SET 46** **BT 37** **WT 1** **N/A 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:- Jun was 86.1% 324 (45) now 85.8% 324 (46) Jul was 86.6% 336 (45) now 86.4% 338 (46)	**85.8%** **324** **(46)**	**86.4%** **338** **(46)**	**86.8%** **365** **(48)**	
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:- Jul was 94.1% 455 (27) now 94.1% 457 (27)	**91.8%** **428** **(35)** **SET 14** **BT 21** **ST 0**	**94.1%** **457** **(27)** **SET 16** **BT 11** **ST 0**	**93.8%** **484** **(30)** **SET 20** **BT 9** **ST 1**	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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:- Jun was 96% 324 (13) now 95.7% 324 (14) Jul was 95.5% 336 (15) now 95.3% 338 (16)	**95.7%** **324** **(14)**	**95.3%** **338** **(16)**	**94.2%** **365** **(21)**	
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:- Jun was 78.8% 104 (22) now 79.8% 104 (21) Jul was 89.9% 119 (12) now 90.8% 119 (11)	**79.8%** **104** **(21)**	**90.8%** **119** **(11)**	**92.4%** **119** **(9)**	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	
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.**	**754** **(cum 2881)**	728 (cum 725)	694 (cum 1422)	729 (cum 2151)	**799** **(cum 2950)**	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

Service Area	Target	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**84%**	**83%**	**87%**	**84%**	**78%**	**80%**	**81%**	**78%**	**83%**	**87%**	**86%**	**87%**	**84%**
	Total Number of Urgent Calls	960	1001	1038	1137	1725	1251	1045	1318	1050	1012	907	882	875
	Urgent Calls within 20 minutes	804	832	899	959	1346	999	845	1033	876	881	783	768	735
	100% of less urgent calls triaged within 1 hour	**74%**	**72%**	**74%**	**68%**	**47%**	**60%**	**60%**	**61%**	**68%**	**75%**	**75%**	**79%**	**72%**
	Total Number of Routine Calls	5446	5615	5815	5813	8770	7143	5697	7028	7589	6525	5692	5783	5510
	Routine calls within 1 hour	4023	4040	4316	3916	4156	4256	3416	4315	5028	4730	4285	4563	3962

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	19	19	19	19	19	19	19	19	45	46	34	48	50
Adult MH Services waits	All < 9 weeks	100%	99.7%	99.4%	100%	95.8%	**93.5%**	**92.9%**	**93.2%**	**94.8%**	97.2%	97.5%	99.3%	97.8%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 2 70	(cum 159)	Quarter 3 67 (cum 226)			**Quarter 4 66 (cum 292)**			Quarter 1 73				
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	99%	97%
	All < 28 days (no. Breaches)	7	4	4	6	7	5	6	11	7	5	3	4	4
	All follow-up < 7 days from discharge	100%	98.3%	100%	100%	100%	100%	98%	100%	98%	97%	97%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Mental Health	By March 2018, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	9	9	13	14	14	14	15	**15**	15	16	16	17	17

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	JUL 17	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	4	5	1	5	4	3	0	2	4	3	2	7	3
	What % were responded to within the 20 day target? (target 65%)	75%	80%	100%	60%	**50%**	**33%**	n/a	**50%**	75%	**33%**	**50%**	86%	67%
	How many were outside the 20 day target?	1	1	0	2	2	2	0	1	1	2	1	1	1
Freedom of Information Requests	How many FOI requests were received this month?	2	4	1	0	4	2	1	0	0	1	2	4	1
	What % were responded to within the 20 day target? (target 100%)	100%	100%	100%	n/a	**50%**	100%	100%	n/a	n/a	100%	100%	**75%**	100%
	How many were outside the 20 day target?	0	0	0	0	2	0	0	0	0	0	0	1	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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	97.5% 683 [17]	99.3% 673 [5]	97.8% 712 [16]	The trend of breaches has reduced as a result of • staff returning from sick leave • More stringent triage of referrals received
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 74 discharges in August 2018, with 2 individuals identified as being medically fit but was not discharged within 7 days of being medically fit. (This is exclusive of the 4 below)	97%	99%	97%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 4 delayed discharges in August 2018. The availability of suitable accommodation is the difficulty in facilitating the discharge.	3	4	4	The availability of suitable accommodation remains as the difficulty in facilitating the discharge of these individuals. There has been a reduction over the recent months 1 individual is delayed between 8-21 days 3 individuals delayed between 91-365 days.
	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 61 SET discharges in August. All were offered 7 day follow up. All were seen.	97%	100%	100%	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
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	8	8	6	3	3	4	5	6	6	6	4	4	4
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	3	3	3	3	3	3	3	3	3	3	3	3	3
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	615	631	644	664	678	690	731	745	852	935	934	954	999
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	654	666	688	698	703	716	730	740	739	743	744	758	760

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	100%	100%	100%	100%	Zero Return	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	Zero Return	100%	100%	100%	Zero Return	100%	100%	100%	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
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	238	241	226	235	234	237	245	243	243	243	240	245	249
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	297	310	323	322	328	334	338	350	351	355	357	362	360
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	2 (cum 11)	5 (cum 16)	2 (cum 18)	**4 (cum 22)**	**4 (cum 26)**	**5 (cum 31)**	**2 (cum 33)**	**1 (cum 34)**	3 (cum 3)	3 (cum 6)	2 (cum 8)	1 (cum 9)	1 (cum 10)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	96.3%	93.5%	93.8%	95%	96.6%	98.2%	97.7%	93.4%	95.7%	100%	100%	95.8%	97.2%

		Quarter 1 (17/18)	Quarter 2 (17/18)	Quarter 3 (17/18)	Quarter 4 (17/18)	Quarter 1 (18/19)
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)	1st Quarter 97 (cum 97)	2nd Quarter 67 (cum 164)	3rd Quarter 92 (cum 256)	4th Quarter 90 (cum 346)	88 (Cum 88)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	1st Quarter 85	2nd Quarter 76 (cum 161)	3rd Quarter 43 (cum 204)	**4th Quarter 45 (cum 249)**	41
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	1st Quarter 17	2nd Quarter 12 (cum 29)	3rd Quarter 45 (cum 74)	**4th Quarter 29 (cum 103)**	51
	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)	1st Quarter 8884.9 Hours	2nd Quarter 9487.0 Hours (cum 18371.9 Hrs)	3rd Quarter 21267 Hours (cum 39638.9 Hrs)	4th Quarter 22571.9 (cum 62210.6)	LD: 23, 167.5 hrs P&S: 21, 362 hrs
	Achieve minimum 88% internal environment cleanliness target.	97%	93%	93%	93%	Figures unavailable Due to auditing changes.

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

Service Area	Indicator	JUL 17	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	1	2	2	0	0	2	2	0	2	1	2	4	2
	What % were responded to within the 20 day target? (target 65%)	100%	**0%**	100%	n/a	n/a	**0%**	**50%**	n/a	**50%**	**0%**	**0%**	100%	**50%**
	How many were outside the 20 day target?	9	2	0	0	0	2	1	0	1	1	2	0	1
Freedom of Information Requests	How many FOI requests were received this month?	0	1	0	0	0	0	1	1	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	n/a	n/a	n/a	n/a	**0%**	100%	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	1	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>JUN</th><th>JUL</th><th>AUG</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 August.</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 4 people awaiting discharge, 4 of whom have been waiting for more than 28 days.

n = number awaiting discharge
(n) = breaches</td><td>4
(4)</td><td>4
(4)</td><td>4
(4)</td><td>Muckamore:-<table><tr><th>Delay in days</th><th>Jun</th><th>Jul</th><th>Aug</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>4</td><td>4</td><td>4</td></tr><tr><td>Total</td><td>4</td><td>4</td><td>4</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 (two people are receiving active treatment)</td><td>3 people remain to be resettled (two people are receiving active treatment</td><td>3 people remain to be resettled (two people are receiving active treatment</td><td></td></tr>
<tr><td rowspan="2">Self Directed Support</td><td rowspan="2">By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.</td><td>Physical Disability</td><td>435</td><td>430</td><td>446</td><td></td></tr>
<tr><td>Learning Disability</td><td>499</td><td>524</td><td>553</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100%
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal	100% (0)	100% (0)	99.4% (2)	100% (0)	99.7% (1)	98.1% (7)	99.7% (1)	99.7% (1)	96.7% (10)	100% (0)	99% (5)	99.3% (2)	100% (0)
Inter-prison transfer	All prisoners to receive a "Transfer Health Screen" by Prison Healthcare Staff on the day of arrival.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	JUL 17	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	2	3	0	2	4	3	6	1	5	2	2	2	1
	What % were responded to within the 20 day target? (target 65%)	100%	67%	n/a	100%	100%	100%	67%	100%	100%	100%	**50%**	**50%**	100%
	How many were outside the 20 day target?	0	1	0	0	0	0	2	0	0	0	1	1	0
Freedom of Information Requests	How many FOI requests were received this month?	0	1	2	0	0	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	100%	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 – 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>JUN</th><th>JUL</th><th>AUG</th><th></th></tr>
<tr><td rowspan="2">Committal</td><td>All prisoners to be subject to a healthcare / keepsafe assessment to determine immediate health concerns on the day of first reception, and before spending their first night in prison, to include an assessment of the risk of suicide/ self-harm.</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%
353
(0)</td><td>100%
281
(0)</td><td>100%
284
(0)</td><td></td></tr>
<tr><td>All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.</td><td>% = performance
n = total committals
(n) = breaches

<table><tr><th></th><th></th><th>Jun</th><th>Jul</th><th>Aug</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>284</td><td>218</td><td>237</td></tr><tr><td>Breaches</td><td>1</td><td>0</td><td>0</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>69</td><td>63</td><td>47</td></tr><tr><td>Breaches</td><td>4</td><td>2</td><td>0</td></tr></table></td><td>98.6%
353
(5)</td><td>99.3%
281
(2)</td><td>100%
284
(0)</td><td></td></tr>
<tr><td>Inter-Prison Transfers</td><td>On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.</td><td>% = performance
n = total transfers
(n) = breaches</td><td>100%
60
(0)</td><td>100%
43
(0)</td><td>100%
10
(0)</td><td></td></tr>
<tr><td>Emergency Care</td><td>In an emergency, prisoners will be seen by Prison Healthcare staff within an hour.
Emergencies are defined as “Code Blue” or “Code Red” calls for assistance.</td><td>% = performance
n = total emergencies
(n) = breaches</td><td>100%
44
(0)</td><td>100%
71
(0)</td><td>100%
64
(0)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	% = Compliance (n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team. [n] = number of prisoners waiting >9wks for appointment	100% (10) [0]	100% (8) [0]	100% (5) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Psychological Therapies waits	All < 13 weeks	60.8%	65.5%	70.7%	73.4%	69.0%	71.2%	62.8%	63.1%	64.3%	66.7%	70.3%	63.2%	62.1%

Adult Services Directorate – Clinical Psychology Services – KPIs

	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR		APR 18	MAY	JUN	JUL	AUG
Direct Contacts (cum)	2369 (9937)	2710 (12647)	3046 (15693)	2661 (18345)	1978 (20323)	2638 (22961)	2715 (25676)	2753 (28429)		2459	2618 (5077)	2448 (7525)	2160 (9685)	2191 (11876)
Consultations (cum)	143 (703)	171 (844)	186 (1030)	184 (1114)	146 (1260)	134 (1394)	108 (1502)	134 (1636)		154	139 (293)	149 (442)	122 (564)	123 (687)
Supervision - Hours (cum)	156 (764)	247.5 (1011.5)	155 (1166.5)	168 (1334.5)	150 (1484.5)	171 (1655.5)	174 (1829.5)	182 (2011.5)		164	139 (303)	121 (424)	160 (584)	138 (722)
Staff training - Hours (cum)	82 (539)	116.5 (655.5)	116 (771.5)	107 (878.5)	106 (984.5)	125 (1109.5)	166 (1275.5)	127 (1402.5)		123	97 (220)	85 (305)	89 (394)	61 (455)
Staff training - Participants (cum)	156 (1676)	279 (1955)	383 (2338)	274 (2612)	231 (2843)	177 (3020)	363 (3383)	338 (3721)		191	123 (314)	354 (668)	321 (989)	218 (1207)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	JUL 17	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	0	0	0	0	0	0	0	0	0	0	1	0	0
	What % were responded to within the 20 day target? (target 65%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%	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 – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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	**70.3%** **(755)** **[224]**	**63.2%** **(672)** **[247]**	**62.1%** **(739)** **[280]**	
		Breaches	**JUN**	**JUL**	**AUG**	**Longest Wait (days)**
		Adult Mental Health	**157**	**182**	**209**	240
		Older People	**23**	**26**	**30**	225
		Adult Learn Dis	**23**	**25**	**25**	227
		Children's Learn Dis	**8**	**13**	**9**	274
		Adult Health Psych	**13**	**1**	**7**	137
		Children's Psych	0	0	0	78
		Total	**224**	**247**	**280**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (4)	100% (2)	100% (3)	100% (2)	**0% (1)**	100% (8)	100% (0)	100% (4)	100% (4)	100% (4)	100% (0)	100% (2)	100% (3)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	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)	99% (1)	**94.4% (3)**	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	**70% (6)**	**86.7% (2)**	100% (0)	**91.3% (2)**	95.5% (1)	**86.7% (2)**	96% (1)	100% (0)	**72.7% (6)**	**72.7% (5)**	**82.8% (5)**	**78.9% (4)**	100% (0)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	**87% (3)**	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	**75.7% (50)**	**90.6% (16)**	**85.3% (33)**	**52.1% (92)**	**86% (20)**	**79.8% (50)**	**80.6% (42)**	**88.2% (26)**	**80.5% (43)**	**82.7% (36)**	**51.3% (133)**	**60.9% (86)**	**75.8% (62)**
	All Family support initial assessment completed <10 days of allocation	**33.3%**	**36.4%**	**34.3%**	**56.3%**	**47.1%**	**24.4%**	**21.1%**	**17.1%**	**25.9%**	95%	**15.2%**	**39.4%**	**29.6%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**44.9% (27)**	**60.5% (17)**	**71.4% (12)**	**66.1% (20)**	**73% (10)**	**60.3% (23)**	**78% (11)**	**65.2% (16)**	**47.5% (34)**	**59.1% (18)**	**26% (54)**	**49% (25)**	**59.4% (26)**
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	98.3% (1)	**91.9% (3)**	**94.6% (2)**	95.7% (2)	96.4% (2)	100% (0)	100% (0)	98.1% (1)	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.	98.7% (2)	100% (0)	100% (0)	100% (0)	98.9% (1)	100% (0)	100% (0)	100% (0)	**93.9% (5)**	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 2 19	(cum 46)	Quarter 3 18 (cum 64)			**Quarter 4 14 (cum 78)**			Quarter 1 39				
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	155	146	172	189	237	202	223	272	227	316	198	159	114
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	120	113	132	161	188	161	165	209	173	256	156	115	91

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	AUG 17	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG
Fostering	Number of Mainstream Foster Carers	322	333	337	341	344	345	337	335	343	343	348	347	351
	Number of children with Independent Foster Carers	38	34	35	36	35	37	38	42	40	41	44	45	40
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	93.3%	93.3%	92.9%	92.9%	93.4%	94.1%	93.7%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	Quarter 2	92.9%	Quarter 3 93.8%			Quarter 4 91.8%			Quarterly in arrears				
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	53.2%	51.7%	48.2%	**40.9%**	47.4%	**37%**	55.9%	70.9%	84.2%	59.7%	76.3%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	236	252	271	292	317	332	356	436	368	455	318	264	188
	Family Centre Waiting List at month end	15	20	20	13	13	13	20	23	22	23	19	16	8
Care Leavers	At least 75% aged 19 in education, training or employment	75%	76%	71%	71%	76%	78%	76%	81%	77%	77%	77%	76%	n/a

Ante-natal Contacts										
Reason / Month	**Accepted and Seen**	**%Antenatal contact recorded at first visit**	**Not Recorded**	**Accepted but not seen**	**Declined**	**Not Offered**	**Offered but No Response**	**UNK***	**Total in caseload**	**% Antenatal Contact Offered**
November 17	172	51.7%	14	13	35	17	60	22	333	94.9%
December 17	163	47.4	20	7	50	23	56	25	344	93.3%
January 18	117	37%	48	5	32	24	58	32	316	92.4%
February 18	162	55.9%	27	4	16	18	38	25	290	93.8%
March 18	246	70.9%	43	1	12	8	21	16	347	97.7%
April 18	282	84.2%	14	3	11	4	16	5	335	98.8%
May 18	197	59.7%	26	3	17	19	44	24	330	94.2%
June 18	258	76.3%	12	6	10	8	33	11	338	97.6%

Note: - * UNK - Health Visitor did not know mother was pregnant

CHILDREN'S SERVICES

Children's Services - Corporate Issues

Service Area	Indicator	JUL 17	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL
Complaints	How many complaints were received this month?	5	4	8	1	6	12	7	4	7	5	7	7	8
	What % were responded to within the 20 day target? (target 65%)	**40%**	**0%**	**25%**	100%	**33%**	**8%**	**29%**	**0%**	**43%**	**0%**	**29%**	**29%**	**13%**
	How many were outside the 20 day target?	3	4	6	0	4	11	5	4	4	5	5	5	7
Freedom of Information Requests	How many FOI requests were received this month?	0	1	1	2	6	1	3	3	2	3	2	3	3
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	100%	100%	**67%**	100%	100%	100%	100%	100%	**50%**	100%	67%
	How many were outside the 20 day target?	0	0	0	0	2	0	0	0	0	0	1	0	1

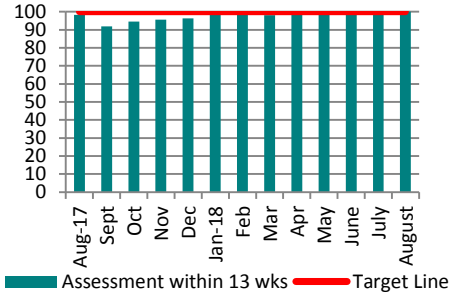
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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% (2)	100% (3)	
	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 16 children taken into care during February 2018. 1 child was for Respite/Shared Care and 1 was discharged Of the remaining 14 children, all had a permanence plan in place at the end of August 2018. % = % compliance n = number of children requiring a plan (n)= number of children without permanence plan within 6 months.	100% (0)	100% (0)	100% (0)	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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% (52) [52]	100% (37) [37]	100% (60) [60]	
	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% (71) [71]	100% (40) [40]	100% (63) [63]	
	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	**82.8%** **(29)** **[24]**	**78.9%** **(19)** **[15]**	100% (29) [29]	
	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% (20) [20]	100% (20) [20]	100% (19) [19]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
	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	**51.3%** **(273)** **[140]**	**60.9%** **(220)** **[134]**	**75.8%** **(256)** **[194]**	
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	**15.2%** **(112)** **[17]**	**39.4%** **(94)** **[37]**	**29.6%** **(189)** **[56]**	
	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.	**26%** **(73)** **[19]**	**49%** **(49)** **[24]**	**59.4%** **(64)** **[38]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st August 2018, 11 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 70 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>JUN</th><th>JUL</th><th>AUG</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>31st August 2018 – 157 total waiters:-

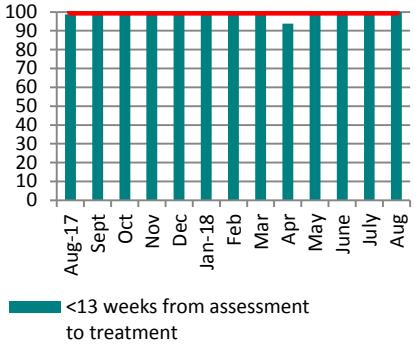
0 – 4 wks: 46
>4 – 8 wks: 111
>8 – 13 wks: 0
> 13 wks: 0
Total: 157

Longest wait = 45 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 August 2018

Gateway: 17 (62)
Disability: 6 (12)
FIT: 91 (114)
Total: 114 (188)</td><td>198

(318)</td><td>159

(264)</td><td>114

(188)</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>14</td><td>2</td><td>8</td><td>24</td></tr>
<tr><td>1-4 wks</td><td>31</td><td>4</td><td>15</td><td>50</td></tr>
<tr><td>4-8 wks</td><td>14</td><td>0</td><td>14</td><td>28</td></tr>
<tr><td>> 8 wks</td><td>3</td><td>6</td><td>77</td><td>86</td></tr>
<tr><td>Total</td><td>62</td><td>12</td><td>114</td><td>188</td></tr>
</table>
<table>
<tr><th>Area</th><th>Longest Wait</th></tr>
<tr><td>Gateway</td><td>45</td></tr>
<tr><td>Disability</td><td>157</td></tr>
<tr><td>FIT</td><td>32</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**	81				
		Target: **60% Quit rate at 4 weeks** n = number quit at 4 wks % = Quit rate	62 76.5% Quit rate				
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: **120 setting a quit date** n = number enrolled	18				
		Target: **60% Quit rate at 4 weeks** (n) = number enrolled n = number quit at 4 wks % = Quit rate	15 83% 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	526				
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	9				

WORKFORCE AND EFFICIENCY

Performance Improvement Trajectories

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2019 demonstrate a 5% reduction on absenteeism from 2017-18. 2018/19 target assumed to be 6.56% (not yet confirmed).	2017-18 Year End absence was 6.97% (target 6.37%) HR to work collaboratively with the operational Directorates to address absence figures.	5.99%				Q1: 2017-18 = 6.47% Q1: 2016-17 = 8.57% Q1: 2015-16 = 4.97% Q1: 2014-15 = Not Avail
Induction	By March 2019, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	183 people attended corporate induction	75%				Q1: 2017-18 = 69% Q1: 2016-17 = 79% Q1: 2015-16 =64% Q1: 2014-15 = 76%
Appraisal	Improve take-up in annual appraisal of performance during 2018/19 by 5% on previous year – i.e. 53% by end March 19.	44% appraisal uptake at Year-end 2017-18 (target 50.5%). Appraisal conversations went live on 1st July 2018 and it is hoped this new approach to appraisals will improve take-up in future.	42%				Q1: 2017-18 = 46% Q1: 2016-17 = 44% Q1: 2015-16 = 42% Q1: 2014-15 = 38%
	By March 2019 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 98% appraisal uptake at Year-end 2017-18 (target 95%).	73%				

Performance Improvement Trajectories

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
Equality	To provide 'Working Well with Interpreters' training sessions for staff in LVH, UHD and Downpatrick during 2018-2019. Three sessions in each location.	The Trust ensures that all staff who require a face-to-face interpreter have access to, and are competent to use, the Regional Interpreting Service.	100%				The Trust held 'Working Well with Interpreters' training sessions in all 3 Trust locations in June 2018. A total of 44 staff attended. The Trust will hold further training sessions in September 2018. Staff who have requested access to the booking system have received access within 24 hours. • 11th June LVH – 18 • 18th June UHD – 15 • 25th June Downe – 11
	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 Managers. Quarterly Screening Report available on Trust Website	100%				Quarterly Screening Report published on Trust website.
Bank	By April 19 reduce Agency Usage within all Corporate Bank Users to 15% and increase Bank usage to 85%		85% 15%				
	By March 19 to increase the Users of the Corporate Bank Service by 25%	At Year-end 2017-18: 25% increase new users.	0.40%				Starting Point 245 units using Corporate Bank. End Q1 246 users

Performance Improvement Trajectories

TITLE	TARGET	NARRATIVE	PROGRESS 2018/19				TREND
			Q1	Q2	Q3	Q4	
HRPTS	By end December 2018 all medical staffing recruitment to be processed through the eRecruitment system.	There has been limited progress on evolving the use of HRPTS in Medicine & Surgery. It has not been possible to meet targets; future progress is awaiting financial approval for Admin staffing roles. Difficulties have been encountered with the use of erec system within Psychiatry, staffing issues.	30%				
Staff Well-Being	To increase the number of staff engaging in health & wellbeing activities	25 initiatives / programmes delivered in Q1 All initiatives promoted on livewell site	1,118				
	To deliver & promote Staff Health Checks	This service is delivered by NI Chest Heart & stroke	105				
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31st March 2019						

PERFORMANCE IMPROVEMENT TRAJECTORIES

Performance Improvement Trajectories

Hospital Services

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position August	Actual Position August 18
Cancer 14 days (%)	100	99	98	100
Cancer 31 days (%)	95	93	90	94
Cancer 62 days (%)	51	45	45	45
Fracture Neck of Femur (%)	66	68	80	73
IPDC Core Elective (%)	-2.6	-2.4	-8%	0%
Endoscopy Core Elective (%)	-10	-6.0	-9.5%	-8.2%
NOP Core (%)	-3.3	-3.2	-5.5%	-8%

Performance Improvement Trajectories

Diagnostics- Projected Breaches of 9 weeks			Predicted Position August	Actual Position August 18
Radiology			4521	4306
Audiology			1295	966

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position July	Actual Position July 18
Psychological Therapies	228	650	311	280