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Introduction

This report presents the monthly performance against:

- Agreed population health and well-being outcome measures as outlined in the Draft Programme for Government (2016-21),
- Plan targets and indicators of performance drawn from the Health and Social Care Draft Commissioning Plan 2017/18

The report is divided into two sections:

- **Section 1: SET Outcomes.** This section includes performance against; PfG indicators; Department of Health indicators and internally defined directorate level Outcomes and Key Performance Indicators (KPIs) including Safety, Quality and Experience (SQE).

A dashboard is provided on a bi-annual basis to demonstrate the Trust's contribution to the achievement of the following PfG Outcomes:

- *We enjoy long, healthy active lives*
- *We care for others and help those in need*
- *We give our children and young people the best start in life*
- *We have a more equal society*

Safety, Quality and Experience performance is reported under this section on a monthly basis under the Department of Health led PfG outcome, We live long, health, active lives.

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

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

Glossary of Terms

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

SECTION 1
SET OUTCOMES

Programme for Government Framework



PfG Outcome: We enjoy long, healthy, active lives

Indicators

PfG:

% population with GHQ12 scores ≥ 4

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

% people who are satisfied with Health and Social Care

Preventable mortality

Healthy life expectancy at birth

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

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

DoH:

Improving the health of our people

Improving the quality and experience of healthcare

Ensuring the sustainability of our services

Supporting and empowering staff

Trust:

Reduce preventable deaths

Reduce unplanned Hospital admissions

Increase independent living

Decrease mood and anxiety prescriptions

Primary Measures

Recovery College

Emergency admissions rate

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

Improve mental wellbeing

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

SQE Performance

Make Contact Count

Health Promotion

Age Friendly Societies

Falls Prevention

Smoking Cessation

Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05/11/2018

SAFE AND EFFECTIVE CARE October 2018

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05/11/2018

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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05/11/2018

Description

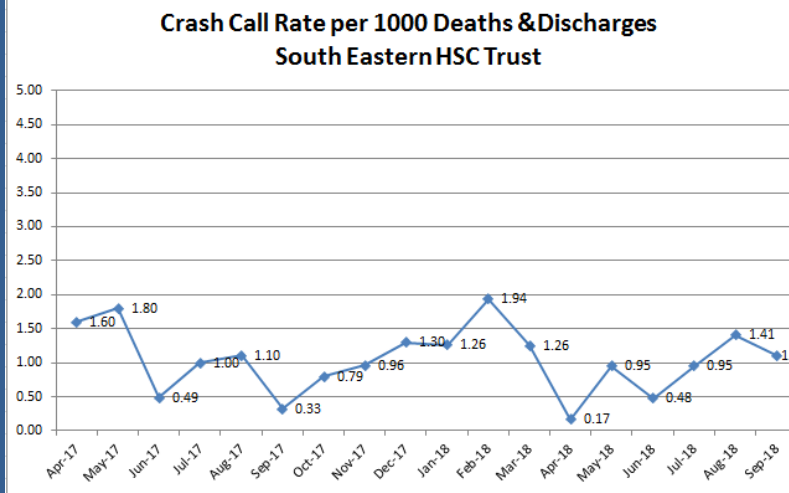
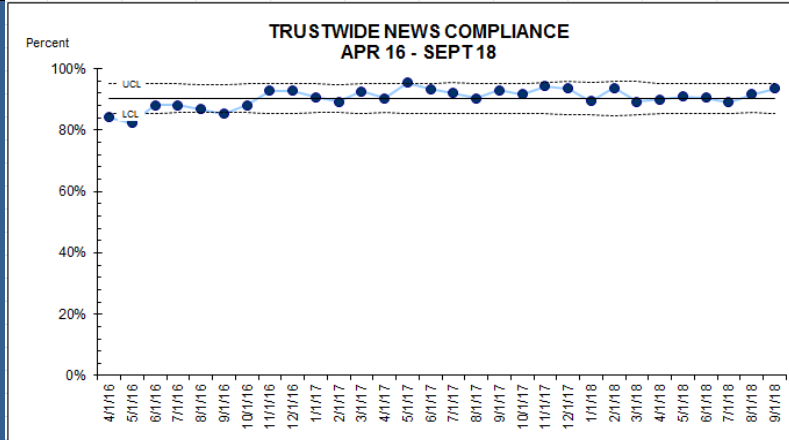
The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process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

Aggregate position

All cardiac arrests are sent to the monthly M&M meetings for discussion.

The number of cardiac arrests have decreased with an increase in the number of deteriorating calls. The resus committee have agreed to look at the outcomes of the deteriorating patient.

Trend



Variation

Lowest compliance questions:
Part 1: Evidence of appropriate action (98%) and Part 2: If NEWS score is above 5, is there evidence of actions taken (94%)

2016/17
Average compliance 88%

2017/18
Average compliance 93%

2018/19
Average compliance 91%

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05/11/2018

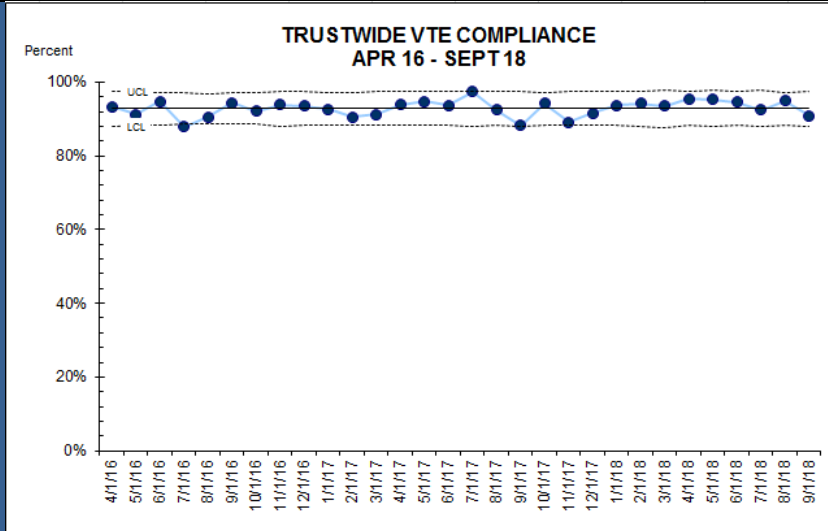
Description

Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2016/17

Aggregate position

Trend

Variation



2016/17
Average compliance 91%

2017/18
Average compliance 93%

2018/19
Average compliance 94%

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05/11/2018

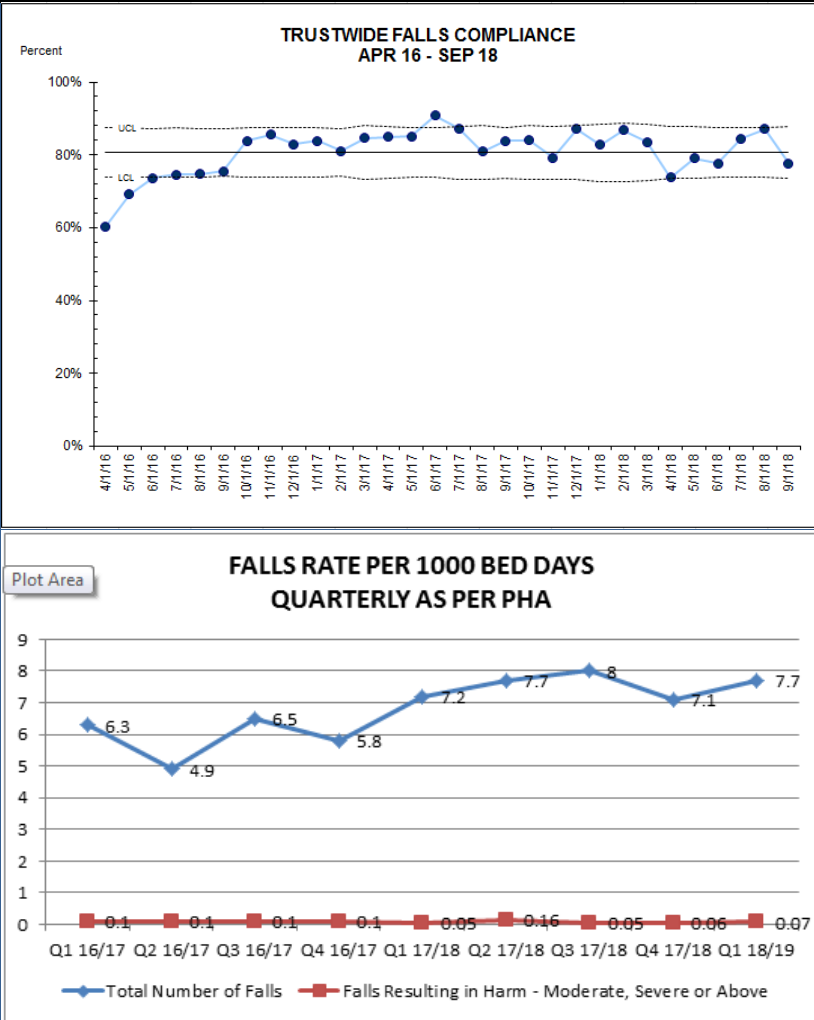
Description

Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and 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.

Aggregate position

See chart with falls rate per 1000 bed days. There has been an increase in the number of falls since the move to IWB. Safe and Effective care are working closely with the Trust falls coordinator, falls champions and Strategic & Capital Development Manager to identify the reason for this increase and implement measures to reduce the same. Falls champions work shop held in September. The directorates working are working with Safe and Effective care to work toward reduction in the number of falls.

Trend



Variation

Lowest compliance questions:
Part A: 'Urinalysis performed' 88%
Part B: 'Bedrails Risk Assessment' 66%

2016/17
Average compliance 75%

2017/18
Average compliance 82%

2018/19
Average compliance 81%

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05/11/2018

Description

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

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

Aggregate position

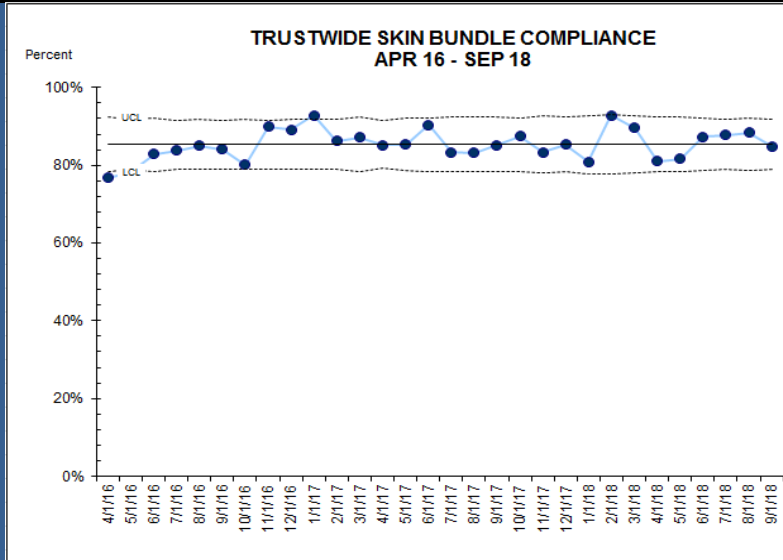
132 pressure ulcers reported

- 78 Grade 2
- 24 Grade 3
- 29 Grade 4 and above

2018/2019

The figures show a rise in Pressure Ulcer incidence Q1/Q2 2018/19 in comparison to the previous year. The PHA have requested ED be included in the figures reported, which would not have been included in previous years.

Trend



Variation

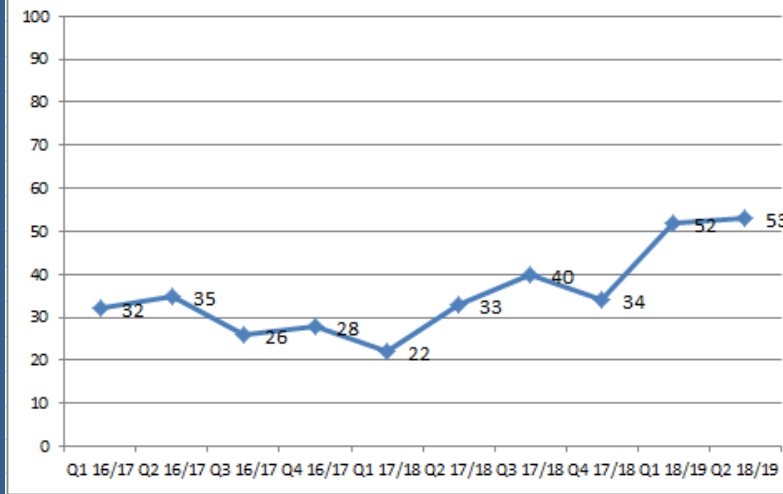
Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 93%

2016/17
Average compliance 83%

2017/18
Average compliance 86%

2018/19
Average compliance 86%

REPORTED PRESSURE ULCERS



SAFE & EFFECTIVE CARE

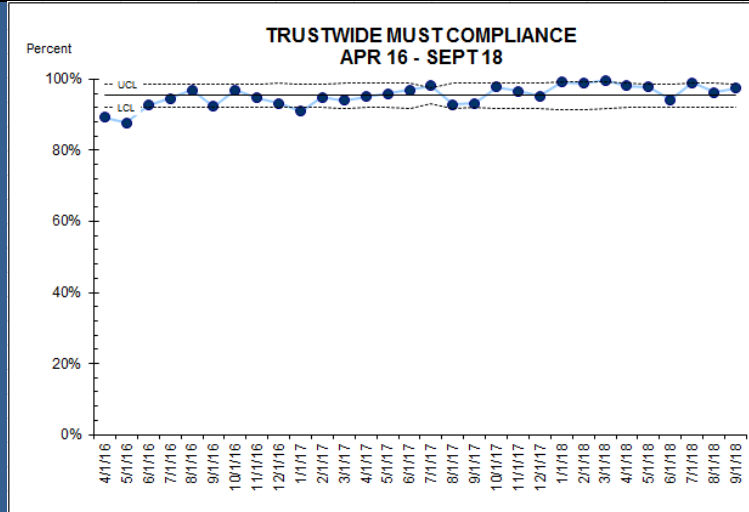
Description

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.

Aggregate position

Compliance with MUST screening continues to be monitored across all adult acute inpatient areas, acute mental health and dementia units.

Trend



Variation

2016/17
Average compliance 93%

2017/18
Average compliance 97%

2018/19
Average compliance 95%

Description

95% compliance with fully completing medication kardexes (i.e. no blanks)

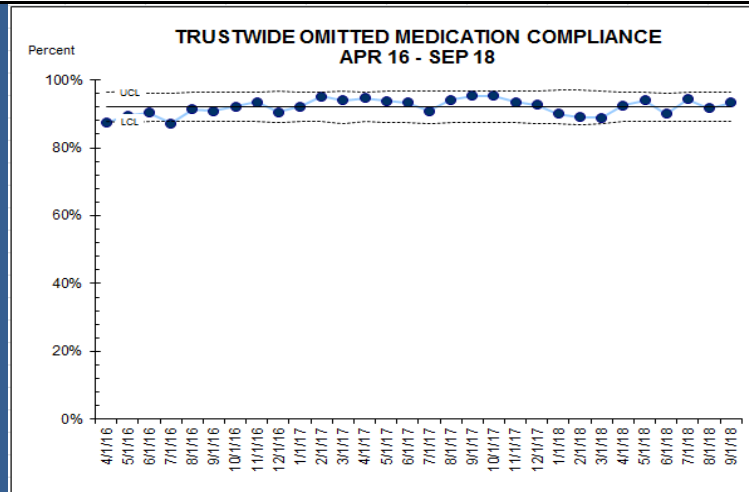
Aggregate position

There has been a steady increase in compliance.

This KPI is being addressed regionally; the Trust is sitting on the working group.

Regional meeting planned for November

Trend



Variation

2016/17
Average compliance 90%

2017/18
Average compliance 92%

2018/19
Average compliance 92%

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS																														
			Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 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 94%	SET 92%	SET 93%	SET 93%	SET 93%	<p>Bar chart data (approximate values):</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>SET</th> <th>UH</th> <th>LVH</th> <th>DH</th> </tr> </thead> <tbody> <tr> <td>Q2 17/18</td> <td>94%</td> <td>91%</td> <td>97%</td> <td>95%</td> </tr> <tr> <td>Q3 17/18</td> <td>92%</td> <td>91%</td> <td>91%</td> <td>96%</td> </tr> <tr> <td>Q4 17/18</td> <td>93%</td> <td>92%</td> <td>94%</td> <td>93%</td> </tr> <tr> <td>Q1 18/19</td> <td>93%</td> <td>90%</td> <td>94%</td> <td>97%</td> </tr> <tr> <td>Q2 18/19</td> <td>93%</td> <td>89%</td> <td>93%</td> <td>96%</td> </tr> </tbody> </table>	Quarter	SET	UH	LVH	DH	Q2 17/18	94%	91%	97%	95%	Q3 17/18	92%	91%	91%	96%	Q4 17/18	93%	92%	94%	93%	Q1 18/19	93%	90%	94%	97%	Q2 18/19	93%	89%	93%	96%
			Quarter	SET	UH	LVH	DH																															
			Q2 17/18	94%	91%	97%	95%																															
			Q3 17/18	92%	91%	91%	96%																															
Q4 17/18	93%	92%	94%	93%																																		
Q1 18/19	93%	90%	94%	97%																																		
Q2 18/19	93%	89%	93%	96%																																		
UH 91%	UH 91%	SET 92%	UH 90%	UH 89%																																		
LVH 97%	LVH 91%	SET 94%	LVH 94%	LVH 93%																																		
DH 95%	DH 96%	DH 93%	DH 97%	DH 96%																																		

SAFE & EFFECTIVE CARE

TITLE	Target	NARRATIVE	PERFORMANCE			TREND																			
			AUG	SEPT																					
HCAI	<p>By March 2018, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16</p> <p>There is not yet an updated target for 18/19.</p>	<table border="1"> <thead> <tr> <th></th> <th>2017/2018 Target</th> <th>2018/2019 Target</th> </tr> </thead> <tbody> <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> </tbody> </table>		2017/2018 Target	2018/2019 Target	C Diff	Target<49	Target<55	MRSA	Target<6	Target<5	<table border="1"> <thead> <tr> <th></th> <th>AUG</th> <th>SEPT</th> <th></th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td>5 (cum 33)</td> <td>9 (cum 42)</td> <td>5 (cum 47)</td> </tr> <tr> <td>MRSA</td> <td>0 (cum 6)</td> <td>1 (cum 7)</td> <td>3 (cum 10)</td> </tr> </tbody> </table>		AUG	SEPT		C Diff	5 (cum 33)	9 (cum 42)	5 (cum 47)	MRSA	0 (cum 6)	1 (cum 7)	3 (cum 10)	
			2017/2018 Target	2018/2019 Target																					
C Diff	Target<49	Target<55																							
MRSA	Target<6	Target<5																							
	AUG	SEPT																							
C Diff	5 (cum 33)	9 (cum 42)	5 (cum 47)																						
MRSA	0 (cum 6)	1 (cum 7)	3 (cum 10)																						
		<p>Of the 47 C Diff cases in 18/19, 21 were within 72 hours of admission, with 26 later than 72 hours from admission.</p> <p>Of the 10 MRSA Cases, 8 were within 48 hours of admission, with 2 later than 48 hours of admission.</p>																							

SECTION 2

**PERFORMANCE AGAINST COMMISSIONING PLAN
TARGETS**

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	
Outpatient waits	Min 50% <9 wks for first appt	22.1%	21.5%	19.2%	18.5%	19.7%	21.1%	21.3%	20.4%	21.4%	20.8%	19.5%	19.4%	20.1%	
	All <52 wks	70.1%	69.3%	68.1%	67.6%	67.2%	65.8%	65.3%	63.8%	62.9%	62.2%	61.3%	60.5%	60.2%	
Diagnostic waits	Imaging 75% <9 wks	69.8%	73.1%	70.0%	69.7%	72.3%	71.4%	68.5%	63.7%	62.5%	57.8%	56.7%	59.7%	58.5%	
	Physiological Measurement <9 wks	65.2%	63.2%	58.9%	59.4%	62.1%	69.9%	60.4%	59.9%	63.1%	57.8%	50.4%	53.9%	51.8%	
		Diag Endoscopies	< 9 wks	37%	38%	35%	36%	36%	35%	36%	38%	38.8%	36%	34%	34%
Inpatient & Daycase Waits	< 13 wks	60%	62%	63%	59%	62%	55%	53%	54%	56%	55.6%	58%	60%	65%	
	Min 55% <13 wks	45%	46%	44%	45%	44%	44.5%	44%	44%	46%	45%	45%	43%	45%	
Diagnostic Reporting	All <52 wks	85%	85%	84%	84%	84%	83%	82%	81%	81.3%	81%	81%	81%	81%	
	Urgent tests reported <2 days	91%	92.4%	91.8%	92.4%	90.8%	91%	91%	92.6%	92.4%	90.7%	89.7%	87.6%	88.2%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	76%	78%	70.2%	71.6%	71.5%	69.3%	74.8%	76.3%	75.8%	73.5%	73.5%	75.5%	76.1%
		12hr breaches	421	303	706	800	784	848	462	464	551	552	345	397	306
	UHD	4hr performance	64.3%	66.2%	59.1%	58.8%	59.9%	56.2%	62.3%	63.3%	62.4%	61.5%	63.4%	64.3%	66.1%
		12hr breaches	403	300	642	732	724	726	436	450	550	551	340	394	305
	LVH	4hr performance	88%	89.8%	80.4%	80.2%	77.9%	76.1%	82.3%	87.3%	85.4%	87.4%	79.9%	81.1%	77.5%
		12hr breaches	1	0	24	40	26	57	20	0	0	1	1	1	0
	DH	4hr performance	90.6%	92.6%	85.7%	87.4%	88.2%	86.9%	92.8%	92.5%	93.8%	93.3%	92.4%	92.4%	90.4%
		12hr breaches	17	3	40	28	34	65	6	14	1	0	4	2	1
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	87.6%	87.3%	84.7%	86.8%	82.9%	81.2%	87.3%	87.3%	86.4%	87.0%	88.7%	90.2%	89.7%	
Non Complex discharges	ALL <6hrs	88%	87.9%	87.1%	89.1%	87.8%	88.8%	88.2%	87.1%	86.9%	87.7%	88.9%	89.5%	89.7%	
Hip Fractures	>95% treated within 48 Hours	64%	48%	66%	64%	65%	62%	56%	68%	67%	64%	70%	79%	79%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis	8.1%	16.6%	20%	16.3%	5.2%	10.7%	18.4%	16.2%	12%	5.9%	9.7%	11.4%	14%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	46%	45%	53%	54%	51%	66%	59%	56%	59%	57%	45%	49%	41%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)	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}	100% (0) {14}	99.5% (1) {21}	100% (0) {14}	100% (0) {14}	100% (0) {14}	98.2% (4) {56}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)	92% (10)	94% (6)	95% (6)	97% (4)	97% (4)	98% (3)	96% (6)	94% (8)	94% (4)	96% (3)	94% (5)	94% (5)	95% (5)	95% (5)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach	100%	100%	100%	100%	100%	100%	100%			100%				
	Psoriasis (n) - Breaches	100% (0)	80% (3)	66% (3)	77% (3)	57% (6)	46% (12)	52.9% (9)	0% (10)			0% (1)			

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	95.1%	95.9%	97.4%	95.1%	96.4%	96.7%	95%	95.9%	95.3%	95.4%	98.7%	94.5%	96.9%	
	% routine tests reported <28 days (Target formerly 100%)	99.9%	97.6%	97.8%	96.1%	98.9%	97.9%	96.9%	96.4%	96.1%	96.2%	99.3%	95.5%	97.6%	
% Operations cancelled for non-clinical reasons	SET	0.9%	1.1%	1.6%	1.5%	1.3%	1.8%	1.8%	1%	2.2%	0.6%	0.8%	1.8%	0.9%	
	UHD	1.4%	1.2%	1.8%	1.3%	1%	2%	1.8%	1.2%	1.7%	0.7%	0.9%	2.1%	0.9%	
	LVH	0.4%	0.1%	0.3%	1.8%	2.2%	1.1%	2.8%	1.1%	1.9%	0.3%	0.6%	2.1%	1.4%	
	DH	0.4%	2.5%	3.2%	1.5%	1.1%	1.9%	0.4%	0.2%	4.3%	0.4%	0.9%	0.6%	0.2%	
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 52%	Cum 54%	Cum 54%	Cum 56%	Cum 56%	Cum 57%	Cum 64%	Cum 69%	Cum 65%	Cum 65%				
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 79.5%	Cum 80%	Cum 79.4%	Cum 80.1%	Cum 80.2%	Cum 80.4%	Cum 76.9%	Cum 78.6%	Cum 79.6%	Cum 78.6%				
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	12215	11845	11586	11302	10512	12357	11574	12797	12435	12137	12238	11741	12329	
	Ulster Hospital	8231	8022	7870	7397	6905	8106	7699	8375	8179	7918	7938	7904	8053	
	Lagan Valley Hospital	2080	2055	1887	2038	1926	2245	2042	2308	2242	2147	2213	1972	2382	
	Downe Hospital (inc w/end minor injuries)	1904	1768	1829	1867	1681	2006	1833	2114	2014	2072	2087	1865	1894	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	10.1%	10%	11.1%	10.6%	9.5%	11.2%	9.7%	10.3%	9.7%	10.3%	9.6%	10.1%	9.9%	
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	10.1%	0.8%	23.5%	7.8%	7.3%	-5.8%	-6.2%	-8.3%	12.1%	15.3%	8.1%	12.3%	0%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5780	5802	4436	5552	5457	5876	5520	6249	6075	5648	5853	5441	6333	
Other Operative Fractures	>95% within 48hrs	66%	56%	64%	55%	55%	62%	61%	73%	68%	66%	69%	75%	78%	
	100% within 7 days	97.0%	98.5%	95.3%	92.8%	97.3%	95.2%	96%	97.6%	93.6%	92.9%	96%	100%	97.3%	
Stroke	No of patients admitted with stroke	37	36	45	43	38	28	38	37	33	51	31	35	35	
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	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)	47.4% (140)	39.6% (131)
		Ophth	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)	29.5% (375)	37% (351)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.9	6.1	6.6	7.0	7.2	7.0	6.6	6.5	5.9	6.3	6.2	5.9	6.0
	Ave LOS trimmed	4.8	4.7	5.2	5.6	5.6	5.5	5.1	5.0	4.8	4.9	4.7	4.5	4.7
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	12.2	12.7	12.2	12	11.3	10.3	10.5	11.4	8.6	11.3	10.2	12.3	10.8
	Ave LOS trimmed	8.1	7	7.5	7	7.2	7.1	6.1	7.0	6.8	7.1	7.3	7.4	7.4
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	78.1%	69.4%	64.6%	73.4%	74.1%	74.8%	80.4%	80.1%	73.9%	80.8%	77.2%	78.7%	76.6%
	% NEW attendances who left without being seen (Target < 5%)	2.8%	2.4%	3.3%	2.7%	3%	3.7%	2.3%	2.8%	3.3%	3.1%	3%	2.4%	2.4%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.5%	2.8%	2%	2.4%	2.1%	2.5%	2.7%	2.6%	3%	2.6%	2.8%	2.5%	2.5%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	50%	49.7%	43%	51.7%	43.7%	42.6%	49.7%	49.2%	46.8%	45.9%	52.1%	53.2%	56.5%

Hospital Services – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	39	31	43	20	46	30	35	38	30	52	22	33	22
	What % were responded to within the 20 day target? (target 65%)	51%	48%	35%	35%	35%	37%	31%	42%	47%	63%	14%	33%	32%
	How many were outside the 20 day target?	19	16	28	13	30	19	24	22	16	19	19	22	15
Freedom of Information Requests	How many FOI requests were received this month?	4	13	13	9	13	11	6	11	3	2	11	12	6
	What % were responded to within the 20 day target? (target 100%)	75%	77%	100%	100%	92%	73%	83%	82%	67%	50%	73%	75%	100%
	How many were outside the 20 day target?	1	3	0	0	1	3	1	2	1	1	3	3	0

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Outpatient Waits	From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks.	<p>% = outpatients waiting less than 9 wks as a % of total waiters.</p> <p>[n] = total waiting</p> <p>(n) = waiting > 9 wks</p> <p>{n} = waiting >52 wks</p>	19.5%	19.4%	20.1%	
			[66517]	[66663]	[66880]	
			[53562]	[53714]	[53466]	
			[25716]	[26358]	[26628]	
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.	<p>Imaging (9 wk target)</p> <p>These figures relate to Imaging waits only.</p> <p>[n] = total waiting (n) = waiting more than 9 weeks {n} = waiting >26 wks</p> <p>Note: most breaches relate to Dexa scans at LVH</p> <p><i>N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.</i></p>	56.7%	59.7%	58.5%	
			[9934]	[9899]	[10130]	
			(4306)	(3990)	(4203)	
	{659}	{655}	{677}			
	50.4%	53.9%	51.8%			
	(3101)	(3277)	(3096)			
{350}	{323}	{269}				
No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.	<p>Diagnostic Endoscopies Inpatient / Day Case (9 wk target)</p> <p>(this is a subset of the Day-case target reported overleaf)</p>		34%	34%	38%	
			[3576]	[3629]	[3580]	
			(2351)	(2384)	(2206)	
No patient should wait longer than 13 weeks for other endoscopies.						

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	58% [739] (309)	60% [676] (268)	65% [643] (227)	
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	45% (5618)	43% (5813)	45% (5627)	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	81% (1933)	81% (1979)	81% (1975)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In October 2018, of 2119 total urgent tests reported, 1870 were reported in < 2 days</p> <p>(n) = breaches > 2 days</p> <p>[n] = total urgent tests</p>	<p>89.7%</p> <p>(146)</p> <p>[1419]</p>	<p>87.6%</p> <p>(203)</p> <p>[1633]</p>	<p>88.2%</p> <p>(249)</p> <p>[2119]</p>	
Emergency Departments	<p>95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.</p> <p>No patient attending any Emergency Department should wait longer than 12 hours.</p>	<p>SET attendances include Ards & Bangor Minor Injury Units not broken down below as not Type 1 Units</p> <p>SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit.</p> <p>n = total new and unplanned review attendances.</p> <p>[n] = seen within 4 hours</p> <p>% = % seen within 4 hours</p> <p>(n) = 12 hour breaches</p>	<p>SET</p> <p>14370</p> <p>[10860]</p> <p>73.5%</p> <p>(345)</p>	<p>SET</p> <p>13640</p> <p>[10303]</p> <p>75.5%</p> <p>(397)</p>	<p>SET</p> <p>14448</p> <p>[11000]</p> <p>76.1%</p> <p>(306)</p>	
			<p>UH</p> <p>7938</p> <p>[5031]</p> <p>63.4%</p> <p>(340)</p>	<p>UH</p> <p>7904</p> <p>[5082]</p> <p>64.3%</p> <p>(394)</p>	<p>UH</p> <p>8053</p> <p>[5323]</p> <p>66.1%</p> <p>(305)</p>	
			<p>LVH</p> <p>2212</p> <p>[1768]</p> <p>79.9%</p> <p>(1)</p>	<p>LVH</p> <p>1972</p> <p>[1599]</p> <p>81.1%</p> <p>(1)</p>	<p>LVH</p> <p>2382</p> <p>[1847]</p> <p>77.5%</p> <p>(0)</p>	
			<p>DH</p> <p>2087</p> <p>[1928]</p> <p>92.4%</p> <p>(4)</p>	<p>DH</p> <p>1865</p> <p>[1723]</p> <p>92.4%</p> <p>(2)</p>	<p>DH</p> <p>1894</p> <p>[1712]</p> <p>90.4%</p> <p>(1)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	<p>All qualifying patients in SET beds.</p> <p>Main reason for delay is patient awaiting transport from friends, family or ambulance service.</p> <p>n = Non-complex discharges (n) = breaches</p> <p>Aug was 88.9% 2827 (314) now 88.9% 2829 (314) Sep was 89.5% 2759 (289) now 89.6% 2756 (287)</p>	88.9%	89.5%	89.7%	<p>Legend: Non complex discharges within 6 hrs (teal bar), Target Line (red line)</p>
			2827	2759	2960	
			(314)	(289)	(305)	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>% = % treated within 48 hours.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p>	70%	79%	79%	<p>Legend: % Hip Fractures < 48 hrs (teal bar), Target Line (red line)</p>
			27	33	29	
			(19)	(26)	(23)	
			[8]	[7]	[6]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Other Operative Fractures	<p>95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.</p> <p>No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)</p>	<p>% is performance against 48 hour target.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p> <p>{n} = number > 7days</p>	<p>69%</p> <p>75</p> <p>(52)</p> <p>[23]</p> <p>{3}</p>	<p>75%</p> <p>75</p> <p>(56)</p> <p>[19]</p> <p>{0}</p>	<p>78%</p> <p>75</p> <p>(63)</p> <p>[18]</p> <p>{2}</p>	<p>Other Fractures</p> <p>Fractures % < 48hrs Target Line</p>
Stroke Services	<p>From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis.</p>	<p>% = % treated with thrombolysis</p> <p>n = number treated with thrombolysis</p> <p>(n) = number confirmed Ischaemic strokes</p>	<p>9.7%</p> <p>3</p> <p>(31)</p>	<p>11.4%</p> <p>4</p> <p>(35)</p>	<p>14%</p> <p>5</p> <p>(35)</p>	<p>All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.</p>
Card Before You Leave	<p>Ensure that all adults and children who self-harm and present for assessment at ED are offered a follow-up appointment with appropriate mental health services within 24 hours.</p>	<p>There were 66 SET CBYL referrals received during October 2018.</p> <p>% = percentage compliance</p> <p>(n) = number of people who presented with self-harm</p> <p>[n] = number of breaches</p>	<p>54.9%</p> <p>(51)</p> <p>[23]</p>	<p>48.1%</p> <p>(54)</p> <p>[28]</p>	<p>44%</p> <p>(66)</p> <p>[37]</p>	<p>October 2018: Of the 66 requiring assessment 29 were seen within 24 hours.</p> <p>9 declined service, 4 open to CMHT and followed up by keyworker, 7 DNA'd with 2 closed by GP, 1 failed to respond, 2 DNA 'd but later seen, 1 assessed as an emergency, 8 CNA and 3 awaiting further appointment, 3 Closed in agreement with GP due to non engagement.</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	<p>% = % who began treatment within 62 days</p> <p>n = number of patients seen</p> <p>(n) = breaches</p> <p>In Oct 2018, 61.5 patients were seen.</p> <p>There were 36.5 breaches involving 50 patients, of whom 27 were shared</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Sep was 49%, 67 seen, (34.5), now 49% 80 seen, (41)</p> <p>Aug was 48%, 68.5 seen, (33), now 50% 71.5 seen, (35.5)</p>	48%	49%	41%	<p>62 Day Target Target Line</p>
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	<p>% = % referrals seen within 14 days</p> <p>[n] = number of referrals received</p> <p>n = number of completed referrals</p> <p>(n) = breaches</p> <p>{n} = longest wait in days</p>	100%	100%	98.2%	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	<p>% = % who began treatment within 31 days</p> <p>n = number of patients</p> <p>(n) = breaches</p>	94%	95%	95%	

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	8.1%	12.3%	0%	Target - reduce number hospital cancellations by 20%. Target 1604 or less per month.
			1842	1758	2003	
			(238)	(154)	(399)	
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	Change to Quarterly Reporting	100% 4 (0)	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	Change to Quarterly Reporting	0% 1 (1)	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	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Allied Health Professions waits	All < 13 weeks	93.9%	94.3%	92.6%	92.6%	93.1%	97.6%	95.7%	94.6%	93.9%	94.7%	93.8%	92.8%	93.4%
Complex Discharges	Min. 90% <48hrs (SET TOR)	74.6%	86%	83.4%	78.4%	77%	78.3%	79.5%	81.6%	84.7%	81.7%	83.2%	80.3%	84.7%
	Min. 90% <48hrs (SET in SET beds)		99.8%	86.6%	78%	71.2%	77.3%	75.7%	81.2%	86.1%	86.6%	87.1%	85.7%	85.7%
	Min. 90% <48hrs (All in SET beds)	66.8%	75.4%	77.6%	71%	67.2%	74.8%	73.5%	79.2%	78%	81.1%	82.7%	80.6%	78.9%
	Number complex discharges	340	403	426	498	363	465	408	434	428	457	484	481	517
	ALL <7days	84.1%	88.3%	90.8%	89.9%	88.7%	87.8%	89.4%	90.2%	91.8%	94.1%	93.9%	94.5%	92.8%
	SET and Other TOR	90.4%	93.3%	94.3%	94.2%	92.4%	90.5%	91.1%	92.1%	95.7%	95.3%	94.4%	97%	96.1%
	Belfast TOR	65.5%	73.3%	80.6%	75.7%	74.7%	78.7%	83.9%	84.3%	79.8%	90.8%	92.6%	86.9%	79.6%
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 3 729 (cum 2151)			Quarter 4 799 (cum 2950)			Quarter 1 734 (cum 734)			Reported Quarterly in Arrears			
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	87%	84%	78%	80%	81%	78%	83%	87%	86%	87%	84%	81%	83%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	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)	54.0% (241)	55.5% (229)
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	1087	1145	1174	1185	1203	1557	1584	1670	1839	1856	2011	2224	2663
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 3 286 (cum 810)			Quarter 4 157 (cum 967)			Quarter 1 287			Quarter 2 443 (cum 730)			
Direct Payments	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	126	127	127	131	132	132	130	129	131	134	134	131	138
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 88, 075 (cum 214, 565 Hours)			Quarter 4 77939 (cum 292, 504 Hours)			Quarter 1 58608 Hours			Quarter 2 55790 Hours (cum 114 398 Hours)			

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	
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	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)	88.2% (12)	80.9% (18)	
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	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)	47.2% (1282)	54.7% (1044)
		<52wks	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)	79.6% (496)	80.3% (453)

Directorate KPIs & SQE Indicators

Service Area	Indicator	OCT 17	NOV	DEC	JAN 18	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%	48%	42%	46%	53%	51%	51%	62%	55%	55%	44%	42%	47%	47%

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	SEPT 17	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	7	8	12	12	8	14	20	21	13	7	9	22	10
	What % were responded to within the 20 day target? (target 65%)	43%	63%	58%	75%	63%	64%	70%	90%	62%	57%	67%	73%	70%
	How many were outside the 20 day target?	4	3	5	3	3	5	6	2	5	3	3	6	3
Freedom of Information Requests	How many FOI requests were received this month?	3	3	4	3	2	0	4	5	3	4	1	5	11
	What % were responded to within the 20 day target? (target 100%)	100%	67%	100%	100%	50%	n/a	100%	100%	100%	50%	0%	80%	100%
	How many were outside the 20 day target?	0	1	0	0	1	0	0	0	0	2	1	1	0

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																
			AUG	SEPT	OCT																																	
AHP Waits	<p>No patient to wait longer than 13 weeks from referral to commencement of treatment</p>	<p>At 31st October 2018 of 11322 patients on the AHP waiting list, 750 are waiting longer than 13 weeks.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th>Service</th> <th>No on W/L</th> <th>Waiting >13 wks</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>6042</td> <td>86</td> <td style="background-color: yellow;">98.6%</td> </tr> <tr> <td>OT</td> <td>1848</td> <td>280</td> <td style="background-color: red;">84.8%</td> </tr> <tr> <td>Orthoptics</td> <td>284</td> <td>18</td> <td style="background-color: red;">93.7%</td> </tr> <tr> <td>Podiatry</td> <td>1197</td> <td>17</td> <td style="background-color: yellow;">98.6%</td> </tr> <tr> <td>Adults S&LT</td> <td>695</td> <td>270</td> <td style="background-color: red;">62.2%</td> </tr> <tr> <td>Childrens S&LT</td> <td>393</td> <td>45</td> <td style="background-color: red;">88.5%</td> </tr> <tr> <td>Dietetics</td> <td>863</td> <td>34</td> <td style="background-color: yellow;">96.1%</td> </tr> </tbody> </table> <p style="text-align: center;">[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >13 wks	Compliance	Physio	6042	86	98.6%	OT	1848	280	84.8%	Orthoptics	284	18	93.7%	Podiatry	1197	17	98.6%	Adults S<	695	270	62.2%	Childrens S<	393	45	88.5%	Dietetics	863	34	96.1%	<p>93.8% [10640] (661)</p>	<p>92.8% [10963] (785)</p>	<p>93.4% [11322] (750)</p>	<p style="text-align: center;"> ■ 13 Week — Target Line </p>
Service	No on W/L	Waiting >13 wks	Compliance																																			
Physio	6042	86	98.6%																																			
OT	1848	280	84.8%																																			
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Adults S<	695	270	62.2%																																			
Childrens S<	393	45	88.5%																																			
Dietetics	863	34	96.1%																																			
Complex Discharges	<p>90% of complex discharges should take place within 48 hours.</p>	<p>All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB Web Portal).</p> <p>(n) = 48 hr breaches</p> <p>Revisions post validation:-</p> <p>Aug was 83.4% (50) now 83.2% (51) Sep was 79.9% (61) now 80.3% (62)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	<p>83.2% (51)</p>	<p>80.3% (62)</p>	<p>84.7% (52)</p>	<p style="text-align: center;"> ■ SET Resident ■ All in SET Beds — Target Line </p>																																

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	90% of complex discharges should take place within 48 hours.	<p>All qualifying patients (any Trust of Residence) in SET beds.</p> <p>(n) = complex discharges.</p> <p>Revisions post validation:-</p> <p>Aug was 82.4% (494) now 82.7% (494)</p> <p>Sep was 80% (481) now 80.6 (487)</p>	<p>82.7%</p> <p>(494)</p> <p>>48 hrs By Trust of res</p> <p>SET 45 BT 37 NT 1 ST 1 N/A 1</p>	<p>80.6%</p> <p>(487)</p> <p>>48 hrs By Trust of res</p> <p>SET 52 BT 42</p>	<p>78.9%</p> <p>(517)</p> <p>>48 hrs By Trust of res</p> <p>SET 57 BT 50 NT 1 N/A 1</p>	
			Complex Discharges	90% of complex discharges should take place within 48 hours.	<p>All qualifying SET (and Other) patients in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 48hrs.</p> <p>Revisions post validation:-</p> <p>Aug was 86.4% 353 (48) now 87.1% 373 (48)</p> <p>Sep was 84.4% 348 (54) now 85.7% 365 (52)</p>	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying patients (any Trust of Residence) in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p> <p>Sep was 94.2% 481 (28) now 94.5% 487 (27)</p>				<p>93.9%</p> <p>494</p> <p>(30)</p> <p>SET 19 BT 9 ST 1 NT 1</p>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying SET and other Trust of Residence patients in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p> <p>Aug was 94.4% 374 (21) now 94.4% 373 (21)</p> <p>Sep was 96.7% 360 (12) now 97% 365 (11)</p>	94.4%	97%	96.1%	
			373	365	414	
			(21)	(11)	(16)	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying Belfast Trust Residents in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p> <p>Aug was 92.5% 120 (9) now 92.6% 121 (9)</p> <p>Sep was 86.8% 121 (16) now 86.9% 122 (16)</p>	92.6%	86.9%	79.6%	
			121	122	103	
			(9)	(16)	(21)	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	
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.	728 (cum 725)	694 (cum 1422)	729 (cum 2151)	799 (cum 2950)	734 (cum 734)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

Service Area	Target	OCT 17	NOV	DEC	JAN 18	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	87%	84%	78%	80%	81%	78%	83%	87%	86%	87%	84%	81%	81%
	Total Number of Urgent Calls	1038	1137	1725	1251	1045	1318	1050	1012	907	882	875	1015	932
	Urgent Calls within 20 minutes	899	959	1346	999	845	1033	876	881	783	768	735	817	771
	100% of less urgent calls triaged within 1 hour	74%	68%	47%	60%	60%	61%	68%	75%	75%	79%	72%	66%	70%
	Total Number of Routine Calls	5815	5813	8770	7143	5697	7028	7589	6525	5692	5783	5510	5836	5331
	Routine calls within 1 hour	4316	3916	4156	4256	3416	4315	5028	4730	4285	4563	3962	4193	3711

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	19	19	19	19	19	19	45	46	34	48	50	48	54
Adult MH Services waits	All < 9 weeks	99.4%	100%	95.8%	93.5%	92.9%	93.2%	94.8%	97.2%	97.5%	99.3%	97.8%	97.3%	95.3%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 3 67 (cum 226)			Quarter 4 66 (cum 292)			Quarter 1 73			Quarter 2 84 (cum 157)			
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	97%	99%	97%	100%	99%
	All < 28 days (no. Breaches)	4	6	7	5	6	11	7	5	3	4	4	5	5
	All follow-up < 7 days from discharge	100%	100%	100%	100%	98%	100%	98%	97%	97%	100%	100%	100%	98.3%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	OCT 17	NOV	DEC	JAN 18	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)	13	14	14	14	15	15	15	16	16	17	17	17	17

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

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

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.	<p>% = % compliance</p> <p>(n) = number on waiting list</p> <p>[n] = number waiting > 9 weeks</p>	97.8%	97.3%	95.3%	<p>The trend of breaches had increased due to</p> <ul style="list-style-type: none"> Planned leave and unplanned sick leave Increase in emergency work load and responses. Vacancies. 2 out of the 4 vacancies have been filled.
			712	748	855	
				[16]	[20]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 71 discharges in October 2018. 70 were discharged within 7 days, one was not.	97%	100%	99%	<p>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</p> <p>2 individuals are delayed between 08 – 21 days</p> <p>2 individuals are delayed between 91-365 days.</p> <p>1 individual delayed for over 365 days</p>
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 5 delayed discharges in October 2018. The availability of suitable accommodation is the difficulty in facilitating the discharge.	4	5	5	
	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 October. All were offered 7 day follow up. 60 were seen within 7 days and 1 breach but was seen within 8 days.	100%	100%	98.3%	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 17	NOV	DEC	JAN 18	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	6	3	3	4	5	6	6	6	4	4	4	3	5
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	3	3	3	3	3	3	3	3	3	3	3	3	3
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	644	664	678	690	731	745	852	935	934	954	999	1028	1068
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	688	698	703	716	730	740	739	743	744	758	760	758	755

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	OCT 17	NOV	DEC	JAN 18	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	226	235	234	237	245	243	243	243	240	245	249	249	254
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	323	322	328	334	338	350	351	355	357	362	360	361	366
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	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)	1 (cum 11)	1 (cum 12)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	93.8%	95%	96.6%	98.2%	97.7%	93.4%	95.7%	100%	100%	95.8%	97.2%	100%	95.1%

		Quarter 2 (17/18)	Quarter 3 (17/18)	Quarter 4 (17/18)	Quarter 1 (18/19)	Quarter 2 (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)	2 nd Quarter 67 (cum 164)	3 rd Quarter 92 (cum 256)	4 th Quarter 90 (cum 346)	88 (Cum 88)	93 (cum 181)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	2 nd Quarter 76 (cum 161)	3 rd Quarter 43 (cum 204)	4 th Quarter 45 (cum 249)	41	36 (cum 77)
	Carers Assessments (Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	2 nd Quarter 12 (cum 29)	3 rd Quarter 45 (cum 74)	4 th Quarter 29 (cum 103)	51	45 (cum 96)
	By March 2018, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 27, 645 hrs (6, 911 hrs / quarter)	2 nd Quarter 9487.0 Hours (cum 18371.9 Hrs)	3 rd Quarter 21267 Hours (cum 39638.9 Hrs)	4 th Quarter 22571.9 (cum 62210.6)	LD: 23, 167.5 hrs P&S: 21, 362 hrs	LD: 24077.6 Hours (cum 47245.1) PD: 19191 Hours (cum 40553)
	Achieve minimum 88% internal environment cleanliness target.	93%	93%	93%	Figures unavailable Due to auditing changes.	93%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			AUG	SEPT	OCT																												
Discharge	Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.	All patients discharged within the target time during October	100%	100%	100%																												
	No discharge taking longer than 28 days.	The Trust currently has 5 people awaiting discharge, 3 of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	4 (4)	5 (3)	5 (5)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> </tr> </thead> <tbody> <tr> <td>0-7</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>8-28</td> <td>0</td> <td>2</td> <td>0</td> </tr> <tr> <td>29-90</td> <td>0</td> <td>0</td> <td>2</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>3</td> <td>3</td> </tr> <tr> <td>Total</td> <td>4</td> <td>5</td> <td>5</td> </tr> </tbody> </table>	Delay in days	Aug	Sept	Oct	0-7	0	0	0	8-28	0	2	0	29-90	0	0	2	91-365	0	0	0	>365	4	3	3	Total	4	5
Delay in days	Aug	Sept	Oct																														
0-7	0	0	0																														
8-28	0	2	0																														
29-90	0	0	2																														
91-365	0	0	0																														
>365	4	3	3																														
Total	4	5	5																														
Resettlement	By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.	Three patients remain to be resettled.	3 people remain to be resettled (two people are receiving active treatment)	3 people remain to be resettled (two people are receiving active treatment)	3 people remain to be resettled (two people are receiving active treatment)																												
Self Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Physical Disability	446	446	459																												
		Learning Disability	553	582	609																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	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)	99% (2)	99.3% (2)
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	SEPT 17	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	0	2	4	3	6	1	5	2	2	2	1	4	2
	What % were responded to within the 20 day target? (target 65%)	n/a	100%	100%	100%	67%	100%	100%	100%	50%	50%	100%	100%	100%
	How many were outside the 20 day target?	0	0	0	0	2	0	0	0	1	1	0	0	0
Freedom of Information Requests	How many FOI requests were received this month?	2	0	0	0	0	0	0	0	0	0	0	1	0
	What % were responded to within the 20 day target? (target 100%)	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	0	0	0	0	0	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			AUG	SEPT	OCT																								
Committal	All prisoners to be subject to a healthcare / keepsafe assessment to determine immediate health concerns on the day of first reception, and before spending their first night in prison, to include an assessment of the risk of suicide/ self-harm.	% = performance n = total committals (n) = breaches Note: Magilligan Prison is not a committal prison so only receives transfers and is not covered by this target.	100%	100%	100%																								
		284	308	323																									
		(0)	(0)	(0)																									
	All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.	% = performance n = total committals (n) = breaches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th>Aug</th> <th>Sep</th> <th>Oct</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center;">Maghaberry</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">237</td> <td style="text-align: center;">247</td> <td style="text-align: center;">240</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">47</td> <td style="text-align: center;">48</td> <td style="text-align: center;">58</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>			Aug	Sep	Oct	Maghaberry	Committals	237	247	240	Breaches	0	1	1	Hydebank	Committals	47	48	58	Breaches	0	1	1	100%	99.3%	99.3%	
		Aug	Sep	Oct																									
Maghaberry	Committals	237	247	240																									
	Breaches	0	1	1																									
Hydebank	Committals	47	48	58																									
	Breaches	0	1	1																									
		284	295	298																									
		(0)	(2)	(2)																									
Inter-Prison Transfers	On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.	% = performance n = total transfers (n) = breaches	100%	100%	100%																								
		10	36	53																									
		(0)	(0)	(0)																									
Emergency Care	In an emergency, prisoners will be seen by Prison Healthcare staff within an hour. <i>Emergencies are defined as "Code Blue" or "Code Red" calls for assistance.</i>	% = performance n = total emergencies (n) = breaches	100%	100%	100%																								
		64	46	64																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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.	<p>% = Compliance</p> <p>(n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team.</p> <p>[n] = number of prisoners waiting >9wks for appointment</p>	<p>100%</p> <p>(5)</p> <p>[0]</p>	<p>100%</p> <p>(7)</p> <p>[0]</p>	<p>100%</p> <p>(8)</p> <p>[0]</p>	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Psychological Therapies waits	All < 13 weeks	70.7%	73.4%	69.0%	71.2%	62.8%	63.1%	64.3%	66.7%	70.3%	63.2%	62.1%	58.3%	55.7%

Adult Services Directorate – Clinical Psychology Services – KPIs

	OCT 17	NOV	DEC	JAN 18	FEB	MAR		APR 18	MAY	JUN	JUL	AUG	SEPT	OCT
Direct Contacts (cum)	3046 (15693)	2661 (18345)	1978 (20323)	2638 (22961)	2715 (25676)	2753 (28429)		2459	2618 (5077)	2448 (7525)	2160 (9685)	2191 (11876)	2338 (14214)	3073 (17287)
Consultations (cum)	186 (1030)	184 (1114)	146 (1260)	134 (1394)	108 (1502)	134 (1636)		154	139 (293)	149 (442)	122 (564)	123 (687)	110 (797)	108 (905)
Supervision - Hours (cum)	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)	163 (885)	203 (1088)
Staff training - Hours (cum)	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)	138 (593)	144 (737)
Staff training - Participants (cum)	383 (2338)	274 (2612)	231 (2843)	177 (3020)	363 (3383)	338 (3721)		191	123 (314)	354 (668)	321 (989)	218 (1207)	349 (1556)	416 (1972)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	SEPT 17	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	0	0	0	0	0	0	0	0	1	0	0	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	100%	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 – 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	62.1%	58.3%	55.7%	
			(739)	(919)	(822)	
			[280]	[383]	[364]	
		Breaches	AUG	SEPT	OCT	Longest Wait (days)
		Adult Mental Health	209	251	263	286
		Older People	30	28	31	498
		Adult Learn Dis	25	26	18	190
		Children's Learn Dis	9	11	8	260
		Adult Health Psych	7	67	44	180
		Children's Psych	0	0	0	68
	Total	280	383	364		

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	OCT 17	NOV	DEC	JAN 18	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% (2)	0% (1)	100% (8)	100% (0)	100% (4)	100% (4)	100% (4)	100% (0)	100% (2)	100% (3)	100% (3)	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)	
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)	99% (1)	94.4% (3)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	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)	89.5% (2)	85.7% (4)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	100% (0)	100% (0)	87% (3)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	94.7% (1)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	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)	94.5% (9)	90.6% (19)
	All Family support initial assessment completed <10 days of allocation	34.3%	56.3%	47.1%	24.4%	21.1%	17.1%	25.9%	95%	15.2%	39.4%	29.6%	50%	29.3%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	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)	70.9% (16)	58.5% (15)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	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)	100% (0)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	100% (0)	98.9% (1)	100% (0)	100% (0)	100% (0)	93.9% (5)	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 18 (cum 64)			Quarter 4 14 (cum 78)			Quarter 1 39			Quarter 2 67 (cum 106)			
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	172	189	237	202	223	272	227	316	198	159	114	112	137
Unallocated cases	Total number of unallocated cases over 30 days in Children's Services	132	161	188	161	165	209	173	256	156	115	91	90	108

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 17	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Fostering	Number of Mainstream Foster Carers	337	341	344	345	337	335	343	343	348	347	351	354	351
	Number of children with Independent Foster Carers	35	36	35	37	38	42	40	41	44	45	46	47	48
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	92.9%	92.9%	93.4%	94.1%	93.7%	96.4%	91.3%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Quarter 3 93.8%			Quarter 4 91.8%			Quarter 1 88.2%			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)	48.2%	40.9%	47.4%	37%	55.9%	70.9%	84.2%	59.7%	76.3%	43.7%	55.3%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	271	292	317	332	356	436	368	455	318	264	188	190	214
	Family Centre Waiting List at month end	20	13	13	13	20	23	22	23	19	16	8	13	18
Care Leavers	At least 75% aged 19 in education, training or employment	71%	71%	76%	78%	76%	81%	77%	77%	77%	76%	72%	77%	80%

Ante-natal Contacts										
Reason	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
Month										
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%
July 18	156	43.7%	15	12	47	21	69	37	357	94.1%
August 18	199	55.3%	23	3	44	18	48	25	360	95%

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

CHILDREN'S SERVICES

Children's Services - Corporate Issues

Service Area	Indicator	SEPT 17	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	8	1	6	12	7	4	7	5	7	7	7	7	13
	What % were responded to within the 20 day target? (target 65%)	25%	100%	33%	8%	29%	0%	43%	0%	29%	29%	14%	14%	23%
	How many were outside the 20 day target?	6	0	4	11	5	4	4	5	5	5	6	6	10
Freedom of Information Requests	How many FOI requests were received this month?	1	2	6	1	3	3	2	3	2	3	3	5	5
	What % were responded to within the 20 day target? (target 100%)	100%	100%	67%	100%	100%	100%	100%	100%	50%	100%	67%	40%	40%
	How many were outside the 20 day target?	0	0	2	0	0	0	0	0	1	0	1	3	3

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Children In Care	<p>All children admitted to residential care should, prior to admission:-</p> <p>(1) Have been the subject of a formal assessment to determine the need for residential care.</p> <p>(2) Have had their placement matched through the Children's Resource Panel Process.</p>	<p>% = % compliance</p> <p>(n) = No of children admitted to care this month</p>	<p>100%</p> <p>(3)</p>	<p>100%</p> <p>(3)</p>	<p>100%</p> <p>(3)</p>	
	<p>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.</p>	<p>There were [n] children taken into care during April 2018.</p> <p>% = % compliance</p> <p>n = number of children requiring a plan</p> <p>(n)= number of children without permanence plan within 6 months.</p>	<p>100%</p> <p>(0)</p>	<p>100%</p> <p>(0)</p>		
Assessment Of Children At Risk Or In Need	<p>All child protection referrals to be allocated within 24 hours of receipt of referral.</p>	<p>% = compliance</p> <p>(n) = total referrals</p> <p>[n] = number allocated within 24 hrs</p>	<p>100%</p> <p>(60)</p> <p>[60]</p>	<p>100%</p> <p>(54)</p> <p>[54]</p>	<p>100%</p> <p>(72)</p> <p>[72]</p>	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
	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%	100%	100%	
			(63)	(59)	(72)	
			[63]	[59]	[72]	
	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	100%	89.5%	85.7%	
			(29)	(19)	(28)	
		[29]	[17]	[24]		
	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%	94.7%	100%	
			(19)	(19)	(33)	
			[19]	[18]	[33]	
	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	75.8%	94.5%	90.6%	
			(256)	(164)	(203)	
			[194]	[155]	[184]	
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	29.6%	50%	29.3%	
			(189)	(116)	(164)	
			[56]	[58]	[48]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND									
			AUG	SEPT	OCT										
	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.	59.4% (64) [38]	70.9% (55) [39]	58.5% (37) [22]										
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st October 2018, 28 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 43 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% <13 wks (0)	100% <13 wks (0)	<p>Assessment within 13 wks Target Line</p>									
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st October 2018 – 135 total waiters:- <table border="1" style="margin-left: 20px;"> <tr> <td>0 – 4 wks</td> <td>38</td> </tr> <tr> <td>>4 – 8 wks</td> <td>95</td> </tr> <tr> <td>>8 – 13 wks</td> <td>2</td> </tr> <tr> <td>> 13 wks</td> <td>0</td> </tr> <tr> <td>Total</td> <td>135</td> </tr> </table> Longest wait = 64 days % = compliance (n) = breaches	0 – 4 wks	38	>4 – 8 wks	95	>8 – 13 wks	2	> 13 wks	0	Total	135	100% (0)	100% (0)	100% (0)
0 – 4 wks	38														
>4 – 8 wks	95														
>8 – 13 wks	2														
> 13 wks	0														
Total	135														

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND				
			AUG	SEPT	OCT		Gateway	Disability	FIT	Total
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31 st October 2018	114 (188)	112 (190)	137 (214)		Gateway	Disability	FIT	Total
						< 1 wk	13	0	0	13
						1-4 wks	30	11	23	64
						4-8 wks	19	9	21	49
						> 8 wks	5	11	72	88
						Total	67	31	116	214
		Gateway	Disability	FIT	Total	Area		Longest Wait		
		24 (67)	20 (31)	93 (116)	137 (214)	Gateway		75		
						Disability		82		
						FIT		200		

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: <u>200 Individuals enrolled & setting a quit date in the service by March 2019</u>	81	41 enrolled on elite in Q2. Cum = 122			
		Target: <u>60% Quit rate at 4 weeks</u> n = number quit at 4 wks % = Quit rate	62 76.5% Quit rate	77.9% Quit Rate			
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: <u>120 setting a quit date</u> n = number enrolled	18	34 (Cum 52)			
		Target: <u>60% Quit rate at 4 weeks</u> (n) = number enrolled n = number quit at 4 wks % = Quit rate	15 83% quit rate	79% 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	538			
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	9	49			

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 1 st 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. <ul style="list-style-type: none"> • 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.	<p>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.</p> <p>Difficulties have been encountered with the use of erec system within Psychiatry, staffing issues.</p>	30%				
Staff Well-Being	To increase the number of staff engaging in health & wellbeing activities	<p>25 initiatives / programmes delivered in Q1 26 initiatives / programmes delivered in Q2</p> <p>All initiatives promoted on livewell site</p>	1,118	1,238			
	To deliver & promote Staff Health Checks	This service is delivered by NI Chest Heart & stroke	105	72			3 sessions in Q2
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31 st March 2019						

PERFORMANCE IMPROVEMENT TRAJECTORIES

Performance Improvement Trajectories
Hospital Services

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position October	Actual Position October 18
Cancer 14 days (%)	100	99	100	100
Cancer 31 days (%)	95	93	92	95
Cancer 62 days (%)	51	45	45	41
Fracture Neck of Femur (%)	66	68	75	76
IPDC Core Elective (%)	-2.6	-2.4	-2%	+2%
Endoscopy Core Elective (%)	-10	-6.0	0%	-4.3%
NOP Core (%)	-3.3	-3.2	-5%	-8%
Diagnostics- Projected Breaches			Predicted Position	Actual Position

Performance Improvement Trajectories

of 9 weeks			October	October 18
Radiology			5491	4203
Audiology				

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position October	Actual Position October 18
Psychological Therapies	228	650	305	364