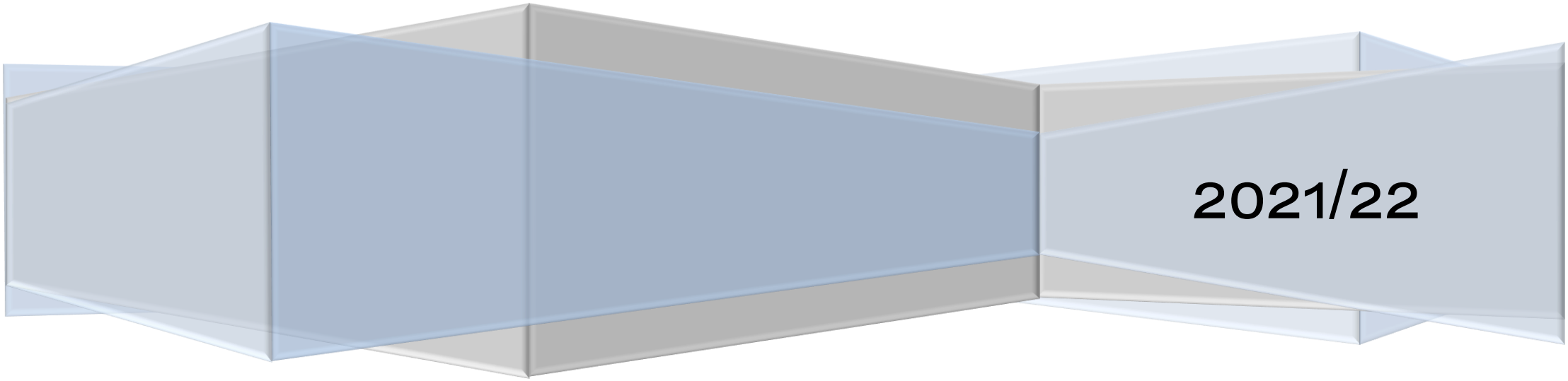
Paper No: SET/33/2022

South Eastern Health and Social Care Trust

# Year-end Performance Scorecard

## Performance against key Commissioning Plan targets



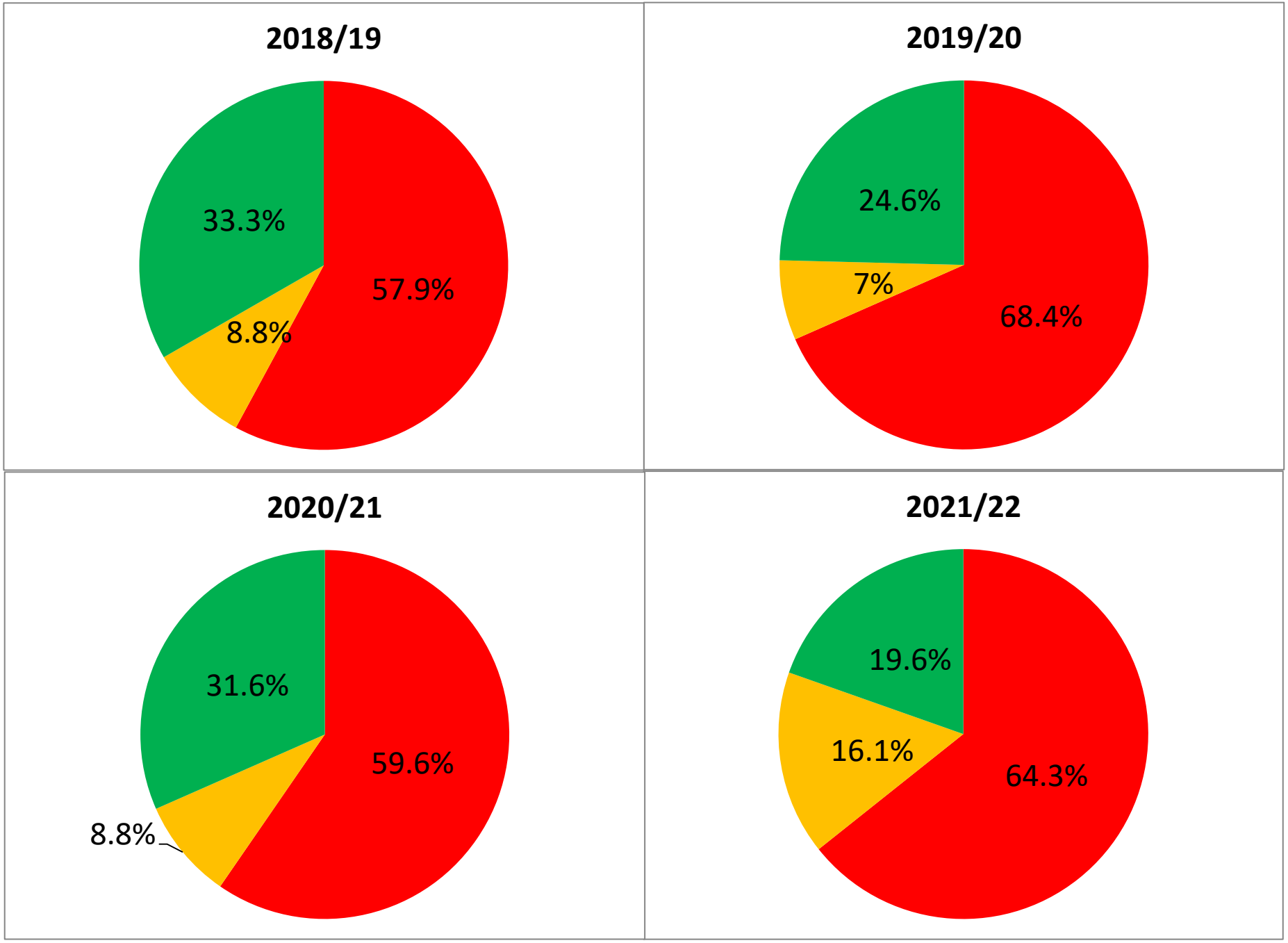
## Introduction

This report presents the performance at fiscal year-end performance against Commissioning Plan targets for each directorate, and compares to the year-end position in 2019, 2021 and 2022. While the normal monthly Performance Scorecard also presents information on issues such as Safe & Effective Care, Workforce and other measures, these are not reported here as many of these issues are subject to separate in-depth annual reporting through to Trust Board.

This approach focuses on measuring the contribution that our services are making in order to improve outcomes for our patients and clients.

## Summary

| | Red | Amber | Green | Total Measures |
|---|---|---|---|---|
| **2015/16** | 31 | 7 | 19 | 57 |
| **2016/17** | 24 | 5 | 25 | 54 |
| **2017/18** | 26 | 4 | 19 | 49 |
| **2018/19** | 33 | 5 | 19 | 57 |
| **2019/20** | 39 | 4 | 14 | 57 |
| **2020/21** | 34 | 5 | 18 | 57 |
| **2021/22** | 36 | 9 | 11 | 56 |


2018/19
33.3%
8.8%
57.9%
2019/20
24.6%
7%
68.4%
2020/21
31.6%
8.8%
59.6%
2021/22
19.6%
16.1%
64.3%

# HOSPITAL SERVICES

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| Outpatient Waits | From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment. No-one to wait longer than 52 weeks | | Outpatients waiting less than 9 weeks as a % of total waiters. | 19.8% | 13.5% | 14.5% | Face to face outpatient services had to be suspended for many service areas during the second and third surge of the pandemic which impacted on outpatient wait performance. This was mitigated, where possible, via the use of virtual services for appropriate specialities<br><br>In March 2022, there were 6,553 new Outpatients appointments. This represents an 8.49% increase compared to March 2021. |
| | | | No. waiting >52 weeks | 28,265 | 47,293 | 46,970 | |
| Diagnostic waits | 75% of patients should wait no longer than 9 weeks for a diagnostic test. No patient to wait over 26wks | These figures relate to Imaging waits only. | Patients waiting less than 9 weeks as a % of total waiters. | 65.8% | 70.4% | 83.4% | This Target was achieved |
| | | These figures relate to Physiological Measurement; i.e. all diagnostics with the exception of Imaging and Endoscopy. | Patients waiting less than 9 weeks as a % of total waiters. | 51.4% | 52.2% | 63.5% | Physiological Measurement Performance improved this year due to the reduction in Outpatient and elective services |
| Diagnostic waits | No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy. | | Patients waiting less than 9 weeks as a % of total waiters. | 69% | 36% | 20.4% | Demand continues to increase in urgent/suspect cancer referrals and unscheduled care. 3113 patients waiting over 9wks and 469 waiting over 13wks. |
| | No patient should wait longer than 13 weeks for other endoscopies. | | Patients waiting less than 13 weeks as a % of total waiters. | 63% | 37% | 53.1% | Diagnostic reporting was impacted through reduced staff as a result of the Covid-19 pandemic |
| Inpatient & Daycase Waits | By March 2019, at least 55% of inpatients and day cases to be treated | Inpatients / Day case – 55% in 13 wks target. | % Patients treated within 13 weeks | 52% | 26% | 23.9% | |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| | within 13 weeks and no patient to wait longer than 52 weeks for treatment. | All Specialties – 52 week target. | % Patients treated within 52 weeks | **82%** | **56%** | **54.7%** | |
| **Diagnostic Reporting** | All urgent diagnostic tests to be reported within 2 days of the test being undertaken | | % Tests reported < 2 days | **70.1%** | **68.5%** | **69.7%** | Diagnostic reporting was impacted through reduced staff as a result of the Covid-19 pandemic<br><br>1100 tests were not reported within the target |
| **Non-complex Discharges** | All non-complex discharges to be discharged within 6 hours of being declared medically fit. | All qualifying patients in SET beds.<br><br>Main reason for delays is patient awaiting transport from friends, family or ambulance service. | % Patients discharged <6hrs | **89%** | **82.9%** | **84.6%** | The aim of this target is to ensure early flow out of the Emergency Department (ED). Performance against target had dropped, specifically during initial phase of covid as we had reduced number of inpatients, and we minimised moves.<br>We continue to maximise use of our discharge lounge, the Trust continues to proactively encourage family on the timely pick up of their relatives from hospital and to seek alternative appropriate transport arrangements, which has included work on identification and transport for those going to other care facilities. |

| TITLE | TARGET | NARRATIVE | | | Cum 18/19 | Mar 2019 | Cum 20/21 | Mar 2021 | Cum 21/22 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **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.<br><br>No patient attending any Emergency Department should wait longer than 12 hours. | | SET | % within 4hrs target | **73.1%** | **69.3%** | **70.4%** | **69%** | **65%** | **61.3%** | There were 103,712 new and unplanned attendances to the Ulster ED in FY21/22.<br><br>There were 14,839 12hr breaches during FY21/22.<br><br>We have made significant investment in senior medical and nursing cover enabling us to maintain our ability to see and assess patients in a timely manner. The drop in 4 hour performance relates to reduction in attendances within the lower acuity categories – who would normally be seen and discharged within 4 hours.<br>Development of ambulatory pathways within respiratory, cardiology, diabetes and gastrointestinal services continues to prevent admission and reduce LOS is starting to have traction in providing preferred pathways for patients, however, these need significant and sustainable funding to provide anticipacted impact. |
| | | | | Number waiting 12hrs or more | **6694** | **789** | **7684** | **748** | **14839** | **1506** | |
| | | | UH | % within 4hrs target | **61.3%** | **57%** | **62.4%** | **58.5%** | **52.0%** | **48.2%** | |
| | | | | Number waiting 12hrs or more | **6499** | **756** | **7678** | **747** | **14809** | **1502** | |
| | | | LVH | % within 4hrs target | **79.8%** | **73.8%** | **79.6%** | **77.4%** | **79.4%** | **77.3%** | |
| | | | | Number waiting 12hrs or more | **90** | **11** | **13** | **1** | **28** | **4** | |
| | | | DH | % within 4hrs target | **90.9%** | **86.4%** | 99.5% | 100% | 99% | 98.6% | |
| | | | | Number waiting 12hrs or more | **105** | **22** | 0 | 0 | 3 | 0 | |

| | | | | Mar 2019 | Mar 2021 | Mar 2022 | |
|---|---|---|---|---|---|---|---|
| **Hip Fractures** | 95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures. | | % within 48hr target | 91% | **77%** | **76%** | Escalation measures have been put in place at various points over the year with additional lists organised and patients transferred to elective lists in Musgrave Park Hospital. The Trust's inability to meet the target is due to insufficient fracture theatre resource to manage peak demand and due to the urgency of other complex fracture trauma cases. |
| | | | Breaches | 3 | **8** | 10 | |
| **Other Operative Fractures** | No patient to wait longer than 7 days for operative fracture treatment (including day cases) | | Number >7 days | **5** | 0 | 1 | One breach in March 2022 |
| **Stroke Services** | From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis.<br>15/16 target – 13% | | % Treated with thrombolysis | 16.5% | 19.4% | 14.6% | 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. | | % Compliance | **84.8%** | 100% | 100% | Target was achieved |
| | | | Number of breaches | **7** | 0 | 0 | |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| **Cancer 62-day** | 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. | | % Beginning treatment <62 days | **49%** | **58%** | **55%** | Compliance against the 62 day standard remains challenging. Compliance against 62 day target continues to be impacted by both the after effects of Covid19 pandemic and increasing demand. |
| | | | Breaches | **28** | **30** | **32** | |
| **Breast Cancer** | From April 2015 all urgent breast cancer referrals should be seen within 14 days. | | % Being seen within14 days | 98.6% | **17.4%** | **11.2%** | The number of referrals to the Symptomatic Breast Service has continued to increase throughout 21/22. Performance is beginning to improve with an extra clinic being undertaken in April and the potential for further extra clinics. |
| | | | Breaches | **3** | **181** | **237** | |
| **Cancer 31-day** | From April 2015 at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat. | | % Beginning treatment <31 days | 94% | 93% | **87%** | Compliance against the 31 day target remains challenging, however the Trust continues to maximise use of Independent Sector and Waiting List Initiatives. |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| **Specialist Drug Therapies** | From April 2016, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis. | | Patients waiting less than 13 weeks as a % of total waiters. | 100% | 100% Dec 2020 | | Whilst activity is provided, no waiting list data is currently available for specialist drug therapies. |
| | | | Breaches | 0 | 0 | | |
| **Specialist Drug Therapies** | From April 2016, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis. | | Patients waiting less than 13 weeks as a % of total waiters. | | | | Whilst activity is provided, no waiting list data is currently available for specialist drug therapies. |
| | | | Breaches | | | | |

# PRIMARY CARE AND OLDER PEOPLE SERVICES

<table>
<tr><th>TITLE</th><th>TARGET</th><th>NARRATIVE</th><th></th><th>Mar 2019</th><th>Mar 2021</th><th>Mar 2022</th><th>COMMENTARY</th></tr>
<tr><td rowspan="2">AHP Services</td><td rowspan="2">No patient to wait longer than 13 weeks from referral to commencement of treatment.</td><td rowspan="2">At 31st March 2022, of 12,359 patients on the AHP waiting list, 3,396 are waiting longer than 13 weeks.<br><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>5521</td><td>1254</td><td>77.3</td></tr><tr><td>OT</td><td>1882</td><td>636</td><td>66.2</td></tr><tr><td>Orthoptics</td><td>244</td><td>39</td><td>84.0</td></tr><tr><td>Podiatry</td><td>1937</td><td>556</td><td>71.3</td></tr><tr><td>Adults S&LT</td><td>948</td><td>477</td><td>49.7</td></tr><tr><td>Childrens S&LT</td><td>613</td><td>194</td><td>68.4</td></tr><tr><td>Dietetics</td><td>1214</td><td>240</td><td>80.2</td></tr></table></td><td>% Within 13 wk target</td><td>93.5%</td><td>71.4%</td><td>72.5%</td><td rowspan="2">Allied Health professions have adopted an innovative blended approach to care provision utilising technology in addition to traditional face to face appointments for group and 1:1 interventions. Undertaking significant WLIs employing agency staff across many AHP services in Q2 – Q4 2021/22 offset the impact of staff vacancies / staff absence and redeployment of some AHP staff from elective Op clinics.<br><br>The Trust’s inability to meet the access target is due to insufficient staffing resource to manage the increased complexity of patients presenting later for intervention and increased demand. There are also on-going recruitment challenges and workforce issues across some AHP professions due to low numbers of graduates and lack of specialist staff availability in, for example, adult SLT.</td></tr>
<tr><td>Breaches</td><td>734</td><td>2677</td><td>3396</td></tr>
<tr><td rowspan="5">Complex Discharges</td><td rowspan="4">90% of complex discharges should take place within 48 hours.</td><td rowspan="2">All qualifying patients from SET Trust of Residence in NI acute beds.</td><td>% Within 48hr target</td><td>78%</td><td>73.2%</td><td>55.1%</td><td rowspan="5">Complex Discharge performance has been affected by a number of factors during 2022, including:<br><br>• Unprecedented demand for domiciliary care, combined with both Trust and Independent Sector Providers being unable to meet the increased demand<br>• Lack of care home availability due to staffing issues, covid outbreaks, lack of timely decision making</td></tr>
<tr><td>Breaches</td><td>71</td><td>102</td><td>194</td></tr>
<tr><td rowspan="2">All qualifying patients in SET beds.</td><td>% Within 48hr target</td><td>77.6%</td><td>61.2%</td><td>45.6%</td></tr>
<tr><td>Breaches</td><td>120</td><td>140</td><td>212</td></tr>
<tr><td>No Complex discharge should take longer than 7 days.</td><td></td><td>% Within 7-day target</td><td>91.6%</td><td>91%</td><td>77.9%</td></tr>
</table>

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| | | All qualifying patients in SET beds. | Breaches | **45** | **18** | **86** | • Domiciliary care providers and care homes experiencing staffing shortages, covid absences, recruitment challenges<br>• Increase in complexity –difficulty in securing care homes to accept patients with confusion/behaviour issues. Associated prolonged decision making to achieve successful placements for these service users.<br><br>There are few specialist beds across NI, and they are in high demand. |
| **HCAI** | By March 2019 secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection compared to 2017/18.<br><br>By March 2019 secure an aggregate reduction of 11% of (GNB) Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream | C. Difficile | Number in Year | **84** | **74** | **69** | C Diff 26 within 72 hours and 43 greater than 72 hours |
| | | | (Target) | <55 | <55 | No target set | |
| | | MRSA | Number in Year | **12** | **7** | **6** | MRSA 1 within 48 hours, 5 greater than 48 hours |
| | | | (Target) | <5 | <5 | No target set | |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| | infections acquired after two days of hospital admission, compared to 2017/18. | GNB | Number in Year | **59** | **65** | **78** | |
| | | | (Target) | <39 | <39 | No target set | |
| **Unplanned Admission** | By March 2019 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions | | No of Admissions | 2884 | 2067 | 2183* | *PROJECTED (target reported in arrears) |
| | | | (Target) | <2684 | <2684 | <2684 | |

# ADULT SERVICES

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| **Mental Health Services** | | | | | | | |
| **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. | | % within 9 week target | **92.4%** | 100% | **82%** | As a consequence of increased referrals and staff sickness/absence, there has been an increase in the number of patients waiting more than 9 weeks for assessment |
| | | | Breaches | **57** | 0 | **148** | |
| **Discharge and Follow-up** | From April 2016, 99% of discharges take place within 7 days of patient being assessed as medically fit for discharge and all within 28 days. | | % Within 7 days | 100% | 96% | 95% | There were 66 SET discharges in March 2022. 3 patients were discharged more than 7 days after being assessed as medically fit. |
| | All discharged patients due to receive a continuing care plan in the community to receive a follow-up visit within 7 days of discharge. | | % within 7 days | 100% | 100% | 100% | The Trust has achieved this target. |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| **Disability Services** | | | | | | | |
| **Discharge** | From April 2016, 99% of discharges take place within 7 days of patient being assessed as medically fit for discharge and all within 28 days. | | % within 7 days | 100% | 100% | 100% | The Trust has achieved this target |
| **Resettlement** | By March 2017, resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community. | | | At the end of March 2019 the Trust has 3 patients to resettle 2 in receipt of treatment. | At the end of March 2021 the Trust has 3 patients to resettle 2 in receipt of treatment. | At the end of March 2022 the Trust has 3 patients to resettle | Three patients remain to be resettled |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| **Prison Healthcare Services** | | | | | | | |
| **Reception/ Committal** | All individuals entering prison will receive a healthcare initial assessment to determine any immediate health concerns and risk factors on the first day of reception, and before spending their first night in prison. | | % compliance | 100% | 99.3% | 99% | 100% patients offered initial assessment, however 1% refused. |
| | All individuals who have entered prison will receive a "Comprehensive Health Assessment" by a healthcare professional within 5 days of committal (previously 72 hours). | | % compliance | 97.5% | 98.3% | 97% | 100% patients offered comprehensive assessment, however 3% refused. |
| **Mental Health Assessment** | All individuals who have entered prison will be seen by a Mental Health Practitioner within 5 working days. | New target from April 2021 | | | | 99% | |
| **Inter-prison transfer** | All prisoners to receive a “Transfer Health Screen” by Prison Healthcare Staff on the day of arrival. | | % compliance | 100% | 100% | 100% | Target has been achieved |
| **BBV** | All individuals who enter prison offered blood borne virus screening (Hepatitis B & C, HIV) at the Comprehensive Health Assessment. (# Offered to Jul 2021, % offered postJul) | New target from April 2021 | | | | 99% | |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| **Prison Healthcare Services** | | | | | | | |
| **Addictions Services** | All individuals who are referred to the Addictions Team should not wait longer than 9 weeks for assessment | Previously: 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 | **Jan 2019 100%**<br>**May 2019 66%** | **54%** | **27%** | Healthcare in Prison has observed a marked increase in demand for addiction services for people in prison. Opiate Substitution Therapy is now available in prison and while the numbers of new patient referrals are rising, many people arriving require a detox and or maintenance plan. The service is working in partnership with other trusts and the HSCB to improve access to services and the safe transfer of care for this transient population. The increased waiting times are deceptive as demand has increased exponentially. The addiction service in prison is seeing and treating more than double the number of patients than in previous years and clinicians are carrying significantly higher caseloads than their counterparts in community. |
| **Tuberculosis** | All individuals who enter prison will be offered Tuberculosis screening at the Comprehensive Health Assessment. | New target from April 2021 | | | | 99% | |
| **AHP Service** | Regional Access Targets for Routine Outpatient Appointments should not exceed 13 weeks for;<br>Musculoskeletal | New target from April 2021 | Physiotherapy | | | **66%** | Allied Health Profession services have had a significant number of staff redeployed from outpatient services, during the pandemic, and the availability of staff availability has impacted on the WL performance. Sickness in Q4 specifically has contributed to performance within |
| | | | Podiatry | | | **85%** | |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| **Prison Healthcare Services** | | | | | | | |
| | Outpatient Physiotherapy, Podiatry and Dietetics | | Dietetics | | | **95%** | Physiotherapy, due to the small size of teams, being impacted greatly by single staff sickness.<br>Availability of sessional podiatrists from Western Trust within HMP Magilligan accounts for the entirety of breeches (routine only) , as Urgent cases were prioritised in community and HiP. |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| **Psychology Services** | | | | | | | |
| **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 | | % > 13 weeks | **51.6%** | **25.3%** | **31.7%** | |
| | | | Breaches | **413** | **1000** | **770** | |

# CHILDREN'S SERVICES

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| Children in Care | All children admitted to residential care should, prior to admission:-<br><br>(1) Have been the subject of a formal assessment to determine the need for residential care.<br><br>(2) Have had their placement matched through the Children's Resource Panel Process. | | % compliance | 100% | 100% | **0%** | 3 children admitted to care in March 2022. |
| | 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. | | % compliance | 100% | 100%* | No Figures Available | |
| | | | Number of children without permanence plan within 6 months. | 0 | 0* | No Figures Available | |
| Assessment Of Children At Risk Or In Need | All child protection referrals to be allocated within 24 hours of receipt of referral. | | % compliance (breaches) | 100% | 100% | 100% | This target was achieved |

| TITLE | TARGET | NARRATIVE | | Mar 2019 | Mar 2021 | Mar 2022 | COMMENTARY |
|---|---|---|---|---|---|---|---|
| | 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 (breaches) | 100% | 100% | 100% | This target was achieved |
| Assessment Of Children At Risk Or In Need | 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 (breaches) | **82.4%** | **91.7%** | **31.3%** | 11 Breaches March 2022 |
| | All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after. | | % compliance (breaches) | 100% | 100% | **91.7%** | 1 breach March 2022 |
| | All family support referrals to be allocated to a social worker within 30 working days for initial assessment. | | % compliance (breaches) | **81.8%** | 96.8% | **89.7%** | 13 breaches in March 2022 |
| | 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 (breaches) | **24%** | **36%** | **51.2%** | |
| | 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 (breaches) | **72%** | **79.2%** | 91.2% | This target was achieved. |

<table>
<tr><th>TITLE</th><th>TARGET</th><th>NARRATIVE</th><th></th><th>Mar 2019</th><th>Mar 2021</th><th>Mar 2022</th><th>COMMENTARY</th></tr>
<tr><td rowspan="2">Autism</td><td>No child to wait more than 13 weeks for assessment following referral.</td><td>At 31st March 2022, 105 children were on the waiting list specifically for diagnostic assessment for ASD.<br><br>No children waiting > 13 wks (Longest wait 106 Days)<br><br>% = compliance<br>(n) = breaches</td><td>% compliance (breaches)</td><td>100%</td><td>100%</td><td>99%</td><td>There was one breach in March 2022</td></tr>
<tr><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>31st March 2022 – 7 total waiters:-<br><br><table><tr><td>0 – 4 wks</td><td>7</td></tr><tr><td>>4 – 8 wks</td><td>0</td></tr><tr><td>>8 – 13 wks</td><td>0</td></tr><tr><td>> 13 wks</td><td>0</td></tr><tr><td>Total</td><td>0</td></tr></table><br>Longest wait = 2 Days<br>% = compliance (n) = breaches</td><td>% compliance (breaches)</td><td>100%</td><td>100%</td><td>100%</td><td>This target was achieved</td></tr>
<tr><td>Unallocated Cases</td><td>Monitor the number of unallocated cases >20 days in Children’s Services</td><td></td><td>Number of Unallocated Cases >20 days at 31st March</td><td>151</td><td>287</td><td>254</td><td></td></tr>
</table>