

Performance Management Framework**Corporate Scorecard****December 2017**

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Introduction

This report presents the monthly performance against a range of targets and indicators for each directorate which are a combination of:

- Commissioning Plan targets and indicators of performance drawn from the Health and Social Care Draft Commissioning Plan 2016/17
- Internally defined directorate Key Performance Indicators (KPIs) including Safety, Quality and Experience (SQE) indicators.

The report is divided into 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.

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
ERCP	Endoscopic Retrograde Cholangiopancreatography	PMSID	Performance Management & Service Improvement Directorate (at Health & Social Care Board)
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
IiP	Investors in People	WHO	World Health Organisation
		WLI	Waiting List Initiative

SECTION 1

SAFE AND EFFECTIVE CARE December 2017

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 09.01.2018.

Description	Aggregate position	Trend	Variation																																										
<p>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.</p>	<p>Application submitted to RQIA to support QI focus.</p> <p>Process has commenced to complete internal validation audits</p>	<p>NEWS Compliance Trustwide</p> <table border="1"> <caption>NEWS Compliance Trustwide Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>85</td></tr> <tr><td>May-16</td><td>82</td></tr> <tr><td>Jun-16</td><td>88</td></tr> <tr><td>Jul-16</td><td>88</td></tr> <tr><td>Aug-16</td><td>88</td></tr> <tr><td>Sep-16</td><td>88</td></tr> <tr><td>Oct-16</td><td>88</td></tr> <tr><td>Nov-16</td><td>92</td></tr> <tr><td>Dec-16</td><td>92</td></tr> <tr><td>Jan-17</td><td>90</td></tr> <tr><td>Feb-17</td><td>88</td></tr> <tr><td>Mar-17</td><td>92</td></tr> <tr><td>Apr-17</td><td>90</td></tr> <tr><td>May-17</td><td>95</td></tr> <tr><td>Jun-17</td><td>92</td></tr> <tr><td>Jul-17</td><td>92</td></tr> <tr><td>Aug-17</td><td>90</td></tr> <tr><td>Sep-17</td><td>92</td></tr> <tr><td>Oct-17</td><td>92</td></tr> <tr><td>Nov-17</td><td>95</td></tr> </tbody> </table>	Month	Compliance (%)	Apr-16	85	May-16	82	Jun-16	88	Jul-16	88	Aug-16	88	Sep-16	88	Oct-16	88	Nov-16	92	Dec-16	92	Jan-17	90	Feb-17	88	Mar-17	92	Apr-17	90	May-17	95	Jun-17	92	Jul-17	92	Aug-17	90	Sep-17	92	Oct-17	92	Nov-17	95	<p>Lowest compliance questions: Part 1: Evidence of appropriate action? (95%) and Part 2: If NEWS score is above 5, is there documented evidence of appropriate action? (97%)</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>Variance 70% - 100% (2 wds) (18wds)</p> </div> <p>Mean compliance: 94%</p> <p>Median compliance: 100%</p> <p>(Data from 31 wards)</p>
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<p>Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2016/17</p>		<p>VTE Compliance Trustwide</p> <table border="1"> <caption>VTE Compliance Trustwide Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>92</td></tr> <tr><td>May-16</td><td>90</td></tr> <tr><td>Jun-16</td><td>92</td></tr> <tr><td>Jul-16</td><td>88</td></tr> <tr><td>Aug-16</td><td>92</td></tr> <tr><td>Sep-16</td><td>95</td></tr> <tr><td>Oct-16</td><td>92</td></tr> <tr><td>Nov-16</td><td>92</td></tr> <tr><td>Dec-16</td><td>92</td></tr> <tr><td>Jan-17</td><td>92</td></tr> <tr><td>Feb-17</td><td>90</td></tr> <tr><td>Mar-17</td><td>92</td></tr> <tr><td>Apr-17</td><td>92</td></tr> <tr><td>May-17</td><td>92</td></tr> <tr><td>Jun-17</td><td>92</td></tr> <tr><td>Jul-17</td><td>95</td></tr> <tr><td>Aug-17</td><td>92</td></tr> <tr><td>Sep-17</td><td>88</td></tr> <tr><td>Oct-17</td><td>92</td></tr> <tr><td>Nov-17</td><td>90</td></tr> </tbody> </table>	Month	Compliance (%)	Apr-16	92	May-16	90	Jun-16	92	Jul-16	88	Aug-16	92	Sep-16	95	Oct-16	92	Nov-16	92	Dec-16	92	Jan-17	92	Feb-17	90	Mar-17	92	Apr-17	92	May-17	92	Jun-17	92	Jul-17	95	Aug-17	92	Sep-17	88	Oct-17	92	Nov-17	90	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>Variance 30% - 100% (1 wd) (14wds)</p> </div> <p>Mean compliance: 89%</p> <p>Median compliance: 90%</p> <p>(Data from 29 wards)</p>
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SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 09.01.2018.

Description	Aggregate position	Trend	Variation
<p>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.</p>	<p>The Trust has contacted the RCP to seek further clarification on lying and standing blood pressure, enquiry has been acknowledged, response still pending.</p>	<p>FALLS Compliance Trustwide</p>	<p>Lowest compliance questions: Part A: 'Urinalysis performed' 92% Part B: 'Lying & Standing blood pressure recorded' 88%</p> <p>Variance 20% - 100% (2 wds) (10wds)</p> <p>Mean overall compliance: 76% Median compliance: 82% (Data from 27 wards)</p>

Description	Aggregate position	Trend	Variation
<p>From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were unavoidable</p> <p>Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days</p>	<p>Tissue viability session to include pressure ulcer awareness planned for March/April</p>	<p>Skin Bundle Compliance Trustwide</p>	<p>Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 93%</p> <p>Variance 20% - 100% (2 wds) (13wds)</p> <p>Mean compliance: 84% Median compliance: 100% (Data from 24 wards)</p>

SAFE & EFFECTIVE CARE

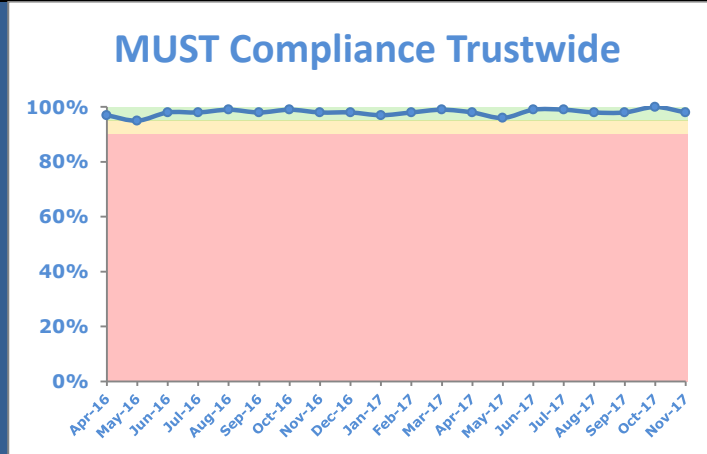
Description

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

Variance
70% - 100%
(1 wd) (26wds)

Mean compliance: 98%

Median compliance: 100%

(Data from 29 wards)

Description

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

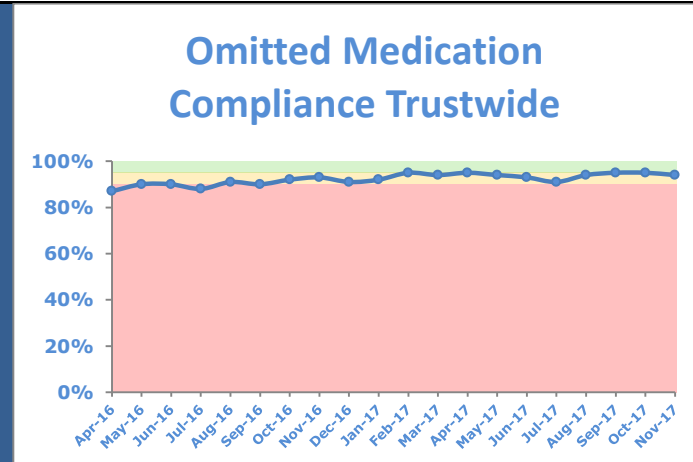
Aggregate position

There has been a steady increase in compliance.

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

QI work to commence Trustwide.

Trend



Variation

Variance
70% - 100%
(1 wd) (18wds)

Mean compliance: 94%

Median compliance: 100%

(Data from 30 wards)

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS																														
			Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18																															
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 96%	SET 95%	SET 92%	SET 94%	SET 92%	<p>The bar chart displays the following data points:</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>Q3 16/17</td> <td>96%</td> <td>93%</td> <td>97%</td> <td>97%</td> </tr> <tr> <td>Q4 16/17</td> <td>95%</td> <td>93%</td> <td>97%</td> <td>95%</td> </tr> <tr> <td>Q1 17/18</td> <td>92%</td> <td>92%</td> <td>94%</td> <td>95%</td> </tr> <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> </tbody> </table>	Quarter	SET	UH	LVH	DH	Q3 16/17	96%	93%	97%	97%	Q4 16/17	95%	93%	97%	95%	Q1 17/18	92%	92%	94%	95%	Q2 17/18	94%	91%	97%	95%	Q3 17/18	92%	91%	91%	96%
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Q3 17/18	92%	91%	91%	96%																																		
UH 93%	UH 93%	UH 92%	UH 91%	UH 91%																																		
LVH 97%	LVH 97%	LVH 94%	LVH 97%	LVH 91%																																		
DH 97%	DH 95%	DH 95%	DH 95%	DH 96%																																		

SAFE & EFFECTIVE CARE

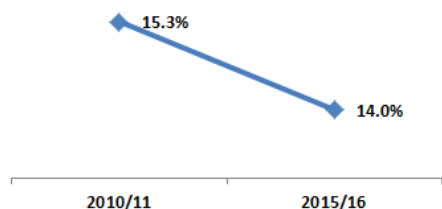
TITLE	Target	NARRATIVE	PERFORMANCE			TREND									
			OCT	NOV	DEC										
HCAI	By March 2018, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16	<table border="1"> <thead> <tr> <th></th> <th>2016/2017 Target</th> <th>2017/2018 Target</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td>Target<55</td> <td>Target<49</td> </tr> <tr> <td>MRSA</td> <td>Target<7</td> <td>Target<6</td> </tr> </tbody> </table>		2016/2017 Target	2017/2018 Target	C Diff	Target<55	Target<49	MRSA	Target<7	Target<6	C Diff 2 (cum 36)	C Diff 3 (cum 39)	C Diff 7 (cum 46)	
			2016/2017 Target	2017/2018 Target											
C Diff	Target<55	Target<49													
MRSA	Target<7	Target<6													
Of the 46 C Diff cases in 17/18, 21 were within 72 hours of admission, with 18 later than 72 hours from admission.	MRSA 0 (cum 1)	MRSA 2 (cum 3)	MRSA 0 (cum 3)												

SECTION 2

OUTCOMES BASED ACCOUNTABILITY

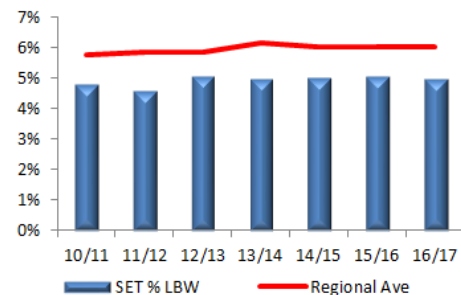
Contributing to the PfG Outcome: GIVE EVERY CHILD THE BEST START IN LIFE

Regional prevalence, smoking in pregnancy

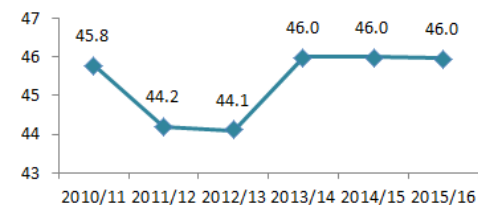


12.4% prevalence by South Eastern Trust of Residence

% low birth weight, Regional v SET 16/17

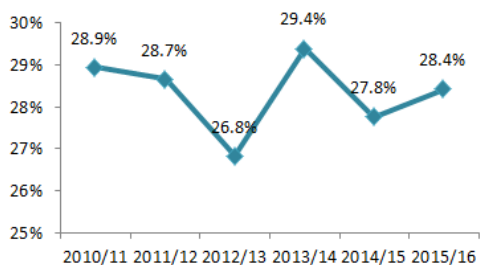


% NI Infants breastfed (at discharge)



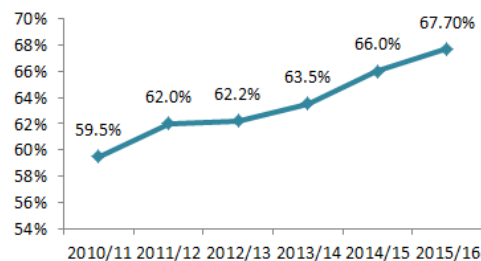
49.8% South Eastern Trust of Residence breastfed at discharge

% Year 8 children overweight or obese, NI



25.4% South Eastern Trust of Residence Year 8 children overweight/obese

Percentage achieving 5 GCSE A*-C, including English and Maths



67.9% South Eastern Trust of Residence Children achieved 5 GCSE A* - C including English and Maths in 2014/15

Contributing to the PfG Outcome: GIVE EVERY CHILD THE BEST START IN LIFE

Improved parenting and early support for families

Antenatal Smoking Cessation Group

Offering support for women to stop smoking during pregnancy.

145 women

were enrolled on the Antenatal Smoking Cessation Group during 2016/17

81%

quit smoking at 4 weeks during 2016/17

77%

of midwives (201) trained in brief intervention.



Family Nurse Partnership

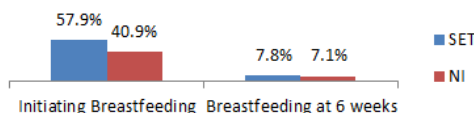
Intensive support over the first two years of life via the Family Nurse Partnership project.



80 young mothers enrolled on programme (83% of eligible referrals)

95.5% had up to date immunisation at 6 months

SEHSCT FNP clients had higher % of initiating breastfeeding and breastfeeding at 6 weeks compared to all sites in FNP NI.



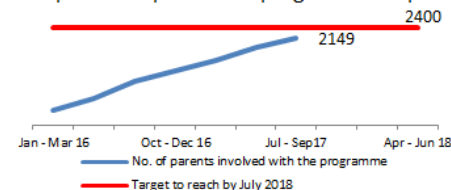
Incredible Years School Readiness & Basic Parenting Programmes

Improved engagement measured by assessing frequency and severity of disruptive behaviours of children, and parent's reaction, to provide insight into parent-child engagement.

2149 parents involved in programme at Sep17

389 sessions delivered

98% of parents reported the programme helped



Getting Ready for Toddler Programme

EITP aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.



100% Pre-school education settings allocated a named Health Visitor

97% Pre-school education settings received at least one contact by their Named Health Visitor

76% of children showed an improvement in the Eyberg problem score after CHA intervention

79% of children showed an improvement in the Eyberg Intensity score after CHA intervention

Family Support Hub

The Family Support Hub brings together representatives from community, voluntary and statutory organisations to deliver a range of social support services for children and families.



97% Percentage of families referred to and seen at the Hub within 4 weeks. The remaining families (4%) were referred and seen within 5-7 weeks.

92% Percentage of children / parents referred who engaged with the service they were signposted to.

SECTION 3

**PERFORMANCE AGAINST COMMISSION PLAN
TARGETS**

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
Outpatient waits	Min 50% <9 wks for first appt (was 60% in 15/16)	23.8%	23.2%	23.9%	25.7%	24.2%	23.2%	23.7%	21.9%	20.8%	21.3%	22.1%	21.5%	19.2%	
	All <52 wks (was 18 wks)	84.6%	83.6%	82.5%	81.1%	79.3%	77.7%	75.5%	73.8%	71.9%	70.9%	70.1%	69.3%	68.1%	
Diagnostic waits	Imaging 75% <9 wks (was all >9wks)	74.4%	73.6%	76.3%	75.7%	70.2%	69%	72.0%	70.8%	67.5%	69.8%	69.8%	73.1%	70.0%	
	Physiological Measurement <9 wks	56.2%	61%	65%	70.3%	66.6%	64.7%	64.9%	65%	62.6%	62.5%	65.2%	63.2%	58.9%	
	Diag Endoscopies	< 9 wks	55%	56%	53%	52%	46.5%	44%	43%	39%	37%	35%	37%	38%	35%
		< 13 wks	61.7%	59%	63%	64%	58.7%	59%	62%	62%	60%	58%	60%	62%	63%
Inpatient & Daycase Waits	Min 55% <13 wks (was 65%)	52.5%	52%	52%	52%	49%	48%	47%	45%	44%	41%	45%	46%	44%	
	All <52 wks (was 26 wks)	91%	90%	90%	89%	89%	88%	87%	87%	87%	86%	85%	85%	84%	
Diagnostic Reporting	Urgent tests reported <2 days	94.1%	95.1%	94.2%	95.5%	92.5%	95.6%	96.1%	95.3%	95%	92.6%	91%	92.4%	91.8%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	74.9%	77.9%	80.3%	78.6%	78.1%	79.6%	81.3%	83.3%	79.9%	78.7%	76%	78%	70.2%
		12hr breaches	208	393	98	82	204	183	120	110	186	250	421	303	706
	UHD	4hr performance	66.3%	68.8%	72.3%	68.3%	67.3%	66.6%	71.8%	75.2%	69.1%	67.6%	64.3%	66.2%	59.1%
		12hr breaches	177	351	74	63	203	177	104	108	185	249	403	300	642
	LVH	4hr performance	81.9%	84.5%	86.6%	86.6%	89.7%	89.7%	88.8%	92.2%	91.0%	88.8%	88%	89.8%	80.4%
		12hr breaches	0	14	1	0	0	2	0	0	0	0	1	0	24
	DH	4hr performance	85.2%	88.8%	88.8%	90.6%	93.2%	93.1%	92.8%	92.9%	93.7%	93.7%	90.6%	92.6%	85.7%
		12hr breaches	31	28	23	19	1	4	16	2	1	1	17	3	40
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	84.3%	90.3%	91.5%	86.2%	87.7%	85.1%	86.9%	90.6%	88.9%	87.1%	87.6%	87.3%	84.7%	
Non Complex discharges	ALL <6hrs	87.4%	87.8%	87.4%	87.4%	86.8%	84.7%	86.8%	88%	88.2%	86.7%	88%	87.9%	87.1%	
Hip Fractures	>95% treated within 48 Hours	80%	100%	81%	86%	79%	58%	59%	48%	95%	74%	64%	48%	66%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis (was 13%)	3.7%	20.7%	10.3%	15.6%	17.2%	22.7%	20.8%	14.3%	11.1%	14.3%	8.1%	16.6%	20%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	43%	43%	52%	56%	50%	53%	54%	50%	50%	44%	46%	42%	55%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)	99.5% (1) 16	80.5% (42) 19	95.3% (11) 17	100% (0) 60	100% (0) 14	100% (0) 11	100% (0) 14	95.5% (1) 25	100% (0) 17	100% (0) 14	92% (18) {44}	100% (0) {12}	100% (1) {15}	99.5%
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)	97% (2)	97.3% (3)	96% (4)	97% (3)	93% (6)	95% (6)	97% (5)	96% (4)	95% (6)	93% (7)	92% (10)	94% (6)	95% (6)	
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Psoriasis (n) - Breaches	78% (2)	75% (2)	60% (2)	100% (0)	88% (2)	100% (0)	62.5% (3)	33% (4)	0% (3)	100% (0)	100% (0)	80% (3)	66% (3)	

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	97.2%	97.9%	99.4%	97.6%	94.2%	97.7%	97.4%	97.9%	94.9%	95.1%	95.1%	95.9%	97.4%	
	% routine tests reported <28 days (Target formerly 100%)	99.9%	99.6%	99.9%	98%	97%	99.5%	99%	98.6%	96.8%	97.5%	99.9%	97.6%	97.8%	
% Operations cancelled for non-clinical reasons	December 17 – DH 12 cancelled due to Surgeon Unavailable and 1 Admin Error	SET	1.2%	1.6%	1.1%	1.3%	1.9%	1.5%	1.7%	1.2%	0.8%	2.7%	0.9%	1.1%	1.6%
		UHD	1.7%	2.7%	1.7%	1.4%	3.6%	2.7%	1.8%	1.4%	1.2%	1%	1.4%	1.2%	1.8%
		AR	0.5%	0%	0.3%	1%	0.2%	1.9%	1.4%						
		LVH	1.4%	0.8%	0.8%	1%	0.8%	0.3%	1.3%	1.3%	0.4%	7.1%	0.4%	0.1%	0.3%
		DH	0.2%	1.6%	1%	1.4%	0.6%	0.4%	2.1%	0.5%	0.3%	1.1%	0.4%	2.5%	3.2%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 23%	Cum 24%	Cum 24%	Cum 24%	Cum 43%	Cum 47%	Cum 47%	Cum 49%	Cum 51%	Cum 52%	Reported 3 mths in arrears			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 79.6%	Cum 79.8%	Cum 79.7%	Cum 79.6%	Cum 78.9%	Cum 79.2%	Cum 80.2%	Cum 79.5%	Cum 79.7%	Cum 79.3%	Reported 3 mths in arrears			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	11230	11180	10278	12241	11453	12783	12145	11794	12167	11826	12215	11845	11586	
	Ulster Hospital	7741	7575	6879	8108	7785	8466	8085	8066	8127	7925	8231	8022	4654	
	Lagan Valley Hospital	1858	1898	1816	2169	1794	2238	2146	1887	2090	2035	2080	2055	1518	
	Downe Hospital (inc w/end minor injuries)	1631	1707	1583	1964	1874	2079	1914	1841	1950	1866	1904	1768	1657	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	10.5%	10.5%	9.7%	9.1%	9.4%	9.4%	9.5%	9.6%	9.6%	9.3%	10.1%	10%	11.1%	
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	30.2%	25.5%	11.5%	11.2%	21.1%	23.6%	9.8%	26.6%	24.4%	21.3%	10.1%	0.8%	23.5%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	4417	5099	5054	5860	4560	5615	5563	4605	5467	5185	5780	5802	4436	
Other Operative Fractures	>95% within 48hrs	83%	90%	74%	75%	79%	57%	66%	67%	88%	70%	66%	56%	64%	
	100% within 7 days	100%	100%	98.6%	98.6%	97.1%	95%	97.5%	98.9%	96.3%	97.6%	97.0%	98.5%	95.3%	
Stroke	No of patients admitted with stroke	27	29	29	32	29	44	48	28	36	35	37	36	45	
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	39.5% (320)	33.8% (311)	41.6% (305)	44.8% (270)	48.3% (248)	42.4% (21)	47.5% (206)	40.6% (249)	74.6% (302)	69.5% (278)	69% (205)	55.9% (152)	49.3% (148)
		Ophth	55.3% (251)	54.9% (280)	59% (300)	58.8% (266)	38.7% (416)	37.8% (434)	60.4% (418)	64.4% (438)	65% (405)	54.5% (332)	62.4% (397)	65.1% (391)	31% (408)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.1	7.1	5.8	5.8	6.0	5.7	5.7	5.7	5.7	5.9	5.9	6.1	6.6	
	Ave LOS trimmed	4.9	5.4	4.7	4.7	4.6	4.5	4.5	4.4	4.5	4.7	4.8	4.7	5.2	
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10	11.2	12.8	9.6	8.8	10	10	11.4	9.9	11.2	12.2	12.7	12.2	
	Ave LOS trimmed	7.5	7.1	7.5	6.8	7.4	7.1	7	7.8	6.3	7.7	8.1	7	7.5	
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	77.6%	79.4%	85.2%	81.2%	79.2%	76.3%	78.4%	78.4%	81.2%	79.5%	78.1%	69.4%	64.6%	
	% NEW attendances who left without being seen (Target < 5%)	3.4%	2.3%	2.1%	2.8%	2.7%	3%	2.8%	2.8%	2.6%	3.2%	2.8%	2.4%	3.3%	
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.2%	2.7%	2.8%	2.8%	2.7%	2.7%	2.7%	2.7%	2.3%	3%	2.1%	2.5%	2.8%	2%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	49.4%	56.3%	59.3%	49.7%	52.7%	48.7%	47.4%	55.6%	55%	52.1%	50%	49.7%	43%	

Hospital Services – Corporate Issues

Service Area	Indicator	NOV 16	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints	How many complaints were received this month?	27	23	22	34	37	28	39	33	31	34	39	31	42
	What % were responded to within the 20 day target? (target 65%)	56%	65%	45%	38%	35%	39%	46%	67%	26%	56%	51%	48%	31%
	How many were outside the 20 day target?	12	8	12	21	24	17	19	11	23	15	19	16	29
Freedom of Information Requests	How many FOI requests were received this month?	10	12	14	4	13	12	5	7	6	15	4	13	13
	What % were responded to within the 20 day target? (target 100%)	90%	58%	43%	100%	85%	58%	100%	86%	67%	93%	75%	77%	100%
	How many were outside the 20 day target?	1	5	6	0	2	5	0	1	2	1	1	3	0

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND	
			OCT	NOV	DEC		
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 (from Apr 16)</p>	22.1%	21.5%	19.2%		
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. (Previously no patient should wait longer than 9 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 (new from Apr 16)</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>	69.8%	73.1%	70.0%		
			<p>Physiological Measurement (9wk)</p> <p>These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.</p>	65.2%	63.2%		58.9%
			<p>Diagnostic Endoscopies Inpatient / Day Case (9 wk target)</p> <p>(this is a subset of the Day-case target reported overleaf)</p>	37%	38%		35%
	No patient should wait longer than 13 weeks for other endoscopies.	<p>Diagnostic Endoscopies Inpatient / Day Case (13 wk target)</p> <p>[n] = total waiting</p> <p>(n) = breaches</p>	<p>(2089)</p> <p>{284}</p>	(1407)	(1406)	(1679)	
				<p>(2041)</p> <p>{368}</p>	(2069)	(2259)	
				<p>(920)</p> <p>(368)</p>	(905)	(338)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Inpatient & Daycase Waits	<p>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.</p> <p>(was previously 26 weeks for all patients)</p>	<p>Inpatients / Daycase – 13 wk target</p> <p>% = % waiting < 13 weeks</p> <p>(n) = breaches</p>	<p>45%</p> <p>(5397)</p>	<p>46%</p> <p>(5315)</p>	<p>44%</p> <p>(5693)</p>	<p>Legend: IP/DC 13wk, All 52 wks, Target Line 13wk, Target Line 52wk</p>
		<p>All Specialties – 52 wk target (from April 2016)</p> <p>% = % waiting < 52 weeks</p> <p>(n) = breaches (52 wks)</p>	<p>85%</p> <p>(1413)</p>	<p>85%</p> <p>(1490)</p>	<p>84%</p> <p>(1594)</p>	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In December 2017, 1399 total urgent tests reported, 1284 were reported in < 2 days</p> <p>(n) = breaches > 2 days</p> <p>[n] = total urgent tests</p>	<p>91%</p> <p>(137)</p> <p>[1516]</p>	<p>92.4%</p> <p>(111)</p> <p>[1468]</p>	<p>91.8%</p> <p>(115)</p> <p>[1399]</p>	<p>Legend: Urgent <2 days, Target Line</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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 14205 [11073] 78% (303)</p>	<p>SET 13939 [10364] 76% (421)</p>	<p>SET 12948 [9101] 70.2% (706)</p>	
			<p>UH 8231 [5453] 66.2% (300)</p>	<p>UH 8022 [5161] 64.3% (403)</p>	<p>UH 7870 [4654] 59.1% (642)</p>	
			<p>LVH 2080 [1867] 89.8% (0)</p>	<p>LVH 2055 [1808] 88% (1)</p>	<p>LVH 1887 [1518] 80.4% (24)</p>	
			<p>DH 1904 [1763] 92.6% (3)</p>	<p>DH 1768 [1601] 90.6% (17)</p>	<p>DH 1829 [1567] 85.7% (40)</p>	
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>Oct was 88% 2890 (348) now 88% 2891 (348) Nov was 87.9% 2840 (343) now 87.9% 2846 (343)</p>	<p>88% 2890 (348)</p>	<p>87.9% 2840 (343)</p>	<p>87.1% 2660 (343)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% = % treated within 48 hours. n = number of fractures (n) = number < 48 hours [n] = number >48 hours	64%	48%	66%	
			25	31	32	
			(16)	(15)	(21)	
			[9]	[16]	[11]	
Other Operative Fractures	95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment. No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)	% is performance against 48 hour target. n = number of fractures (n) = number < 48 hours [n] = number >48 hours {n} = number > 7days	66%	56%	64%	
			67	63	85	
			(44)	(35)	(54)	
			[23]	[28]	[31]	
			{2}	{1}	{4}	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis. (2015/16 Target = 13%)	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	8.1%	16.6%	20%	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.
			3	6	9	
			(37)	(36)	(45)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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.	<p>There were 52 SET CBYL referrals received during December 2017.</p> <p>% = percentage compliance</p> <p>(n) = number of people who presented with self-harm</p> <p>[n] = number of breaches</p>	<p>100%</p> <p>(54)</p> <p>[0]</p>	<p>100%</p> <p>(67)</p> <p>[0]</p>	<p>100%</p> <p>(52)</p> <p>[0]</p>	
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 Dec 2017, 60.5 patients were seen. There were 28 breaches involving 36 patients, of whom 16 were shared.</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Nov was 42%, 64.5 seen (37.5), now 42% 74.5 seen (43)</p> <p>Oct was 46% 61.5 seen (33.5), now 47% 63.5 seen (33.5)</p>	<p>47%</p> <p>63.5</p> <p>(33.5)</p>	<p>42%</p> <p>74.5</p> <p>(43)</p>	<p>55%</p> <p>60.5</p> <p>(28)</p>	<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>	<p>92%</p> <p>[236]</p> <p>227</p> <p>(18)</p> <p>{44}</p>	<p>100%</p> <p>[271]</p> <p>238</p> <p>(0)</p> <p>{12}</p>	<p>99.5%</p> <p>[196]</p> <p>212</p> <p>(1)</p> <p>{15}</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	% = % who began treatment within 31 days n = number of patients (n) = breaches	92%	94%	95%	
			120	109	111	
			(10)	(6)	(6)	
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	10.1%	0.8%	23.5%	Target FY16/17 - reduce number hospital cancellations by 20%. New target 1604 or less per month
			1801	1988	1533	
			197	384	-71	
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches	100%	100%	100%	
	(8) (6) (6)	[0] [0] [0]	100% (0) [0]	80% (15) [3]	66% (9) [3]	

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	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
Allied Health Professions waits	All < 13 weeks	92.9%	92.1%	90.1%	96.9%	93.7%	92.6%	92.0%	91.6%	90.9%	91.9%	93.9%	94.3%	92.6%	
Complex Discharges	Min. 90% <48hrs (SET TOR)	69.4%	62.2%	66.9%	70%	77.4%	79.5%	72.9%	73.4%	76.8%	76.4%	74.6%	86%	83.4%	
	Min. 90% <48hrs (All in SET beds)	64.8%	54%	64.2%	68.4%	70.6%	76.5%	67.5%	70.1%	72.7%	74.4%	66.8%	75.4%	77.6%	
	Number complex discharges	412	424	350	376	330	361	381	371	366	344	340	403	425	
	ALL <7days	86.2%	86.4%	90.3%	89.8%	92.6%	95%	87.9%	70.1%	89.3%	90.4%	84.1%	88.3%	90.8%	
	SET and Other TOR	Reporting from April 2017					94.8%	98.6%	91.8%	92%	95.4%	94.3%	90.4%	93.3%	94.3%
	Belfast TOR	Reporting from April 2017					85.7%	83.1%	77%	68.1%	68.7%	74.2%	65.5%	73.3%	80.6%
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	(cum 2127)	Quarter 4 754 (cum 2881)			Quarter 1 726			Quarter 2 694 (cum 1420)			Reported Quarterly In Arrears			
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	80%	81%	82%	85%	81%	83%	82%	86%	84%	83%	87%	84%	78%	
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	63.7% (169)	66.2% (141)	64.9% (136)	68.9% (116)	64.8% (135)	71.5% (113)	69.1% (134)	61.3% (184)	56.9% (206)	59.8% (180)	64.5% (166)	60.3% (188)	56.8% (205)	
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	433	474	521	587	621	694	839	839	839	839	839	839	839	
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Q3 223 (cum 1133)	Quarter 4 281 (cum 1414)			Quarter 1 319			Quarter 2 205 (cum 524)						
Direct Payments	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	104	105	104	103	105	104	106	109	110	106	106	106	106	
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 = 216529.75 Target =227356.25	Q3 57, 911 Hours (cum 168, 723 Hours)	Quarter 4 59, 539 Hours (cum 228, 262 Hours)			Quarter 1 60, 387 Hours			Quarter 2 66, 103 Hours (cum 126, 490 Hours)			Quarter 3 88, 075 (cum 214, 565 Hours)			

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
Assess and Treat Older People	Main components of care needs met <8 weeks	100%	100%	97.9% (1)	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	94.5% (4)	96.1% (3)	95.8% (3)	97.4% (2)	93.1% (5)	93.1% (5)	97.4% (2)	93.4% (5)	91.9% (6)	96.3% (6)	93.3% (5)	95.9% (3)	93.3% (4)	
Orthopaedic ICATS	By March 2018, at least 50% (prev. 60%) of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks (prev 18 wks until april 16). (n) = breaches	<9 wks	72.1% (333)	65.8% (388)	59.7% (463)	58% (394)	64.1% (313)	80.3% (185)	95.2% (47)	79.3% (237)	72% (372)	71.3% (388)	73.3% (337)	80.3% (228)	84% (166)
		<52wks (prev 18 wks).	99.9% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	From December 2016 Spinal figures are displayed separately here.	<9 wks	4.9% (481)	13.3% (312)	19.4% (145)	63.6% (8)	57.1% (3)	66.7% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
		<52wks	12.1% (445)	27.8% (260)	52.2% (86)	72.7% (6)	71.4% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)

Directorate KPIs & SQE Indicators

Service Area	Indicator	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	40%	50%	29%	45%	38%	38%	49%	50%	48%	40%	48%	42%	46%

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	NOV 16	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints Handling	How many complaints were received this month?	9	13	8	15	11	4	12	15	13	11	7	8	12
	What % were responded to within the 20 day target? (target 65%)	22%	38%	63%	53%	64%	50%	50%	40%	69%	64%	43%	63%	75%
	How many were outside the 20 day target?	7	8	3	7	4	2	6	9	4	4	4	3	3
Freedom of Information Requests	How many FOI requests were received this month?	2	1	9	6	2	1	2	4	2	4	3	3	4
	What % were responded to within the 20 day target? (target 100%)	0%	100%	44%	83%	100%	100%	100%	75%	100%	25%	100%	67%	100%
	How many were outside the 20 day target?	2	0	4	1	0	0	0	1	0	3	0	1	0

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																
			OCT	NOV	DEC																																	
AHP Waits	<p>No patient to wait longer than 13 weeks from referral to commencement of treatment</p>	<p>At 31st December 2017 of 9538 patients on the AHP waiting list, 707 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>5244</td> <td>291</td> <td style="background-color: #ff0000; color: white;">94.4</td> </tr> <tr> <td>OT</td> <td>1488</td> <td>150</td> <td style="background-color: #ff0000; color: white;">89.9</td> </tr> <tr> <td>Orthoptics</td> <td>287</td> <td>11</td> <td style="background-color: #ffff00;">96.2</td> </tr> <tr> <td>Podiatry</td> <td>784</td> <td>13</td> <td style="background-color: #ffff00;">98.3</td> </tr> <tr> <td>Adults S&LT</td> <td>534</td> <td>172</td> <td style="background-color: #ff0000; color: white;">67.7</td> </tr> <tr> <td>Childrens S&LT</td> <td>316</td> <td>9</td> <td style="background-color: #ffff00;">97.1</td> </tr> <tr> <td>Dietetics</td> <td>885</td> <td>61</td> <td style="background-color: #ff0000; color: white;">93.1</td> </tr> </tbody> </table> <p style="text-align: center; margin: 10px 0;">[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >13 wks	Compliance	Physio	5244	291	94.4	OT	1488	150	89.9	Orthoptics	287	11	96.2	Podiatry	784	13	98.3	Adults S<	534	172	67.7	Childrens S<	316	9	97.1	Dietetics	885	61	93.1	<p>93.9% [9971] (612)</p>	<p>94.3% [9838] (559)</p>	<p>92.6% [9538] (707)</p>	<p style="text-align: center; margin-top: 10px;"> ■ 13 Week — Target Line </p>
Service	No on W/L	Waiting >13 wks	Compliance																																			
Physio	5244	291	94.4																																			
OT	1488	150	89.9																																			
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Childrens S<	316	9	97.1																																			
Dietetics	885	61	93.1																																			
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>Oct was 74.3% (55) now 74.6% (55) Nov was 85.4% (39) now 86% (37)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	<p>74.6% (55)</p>	<p>86% (37)</p>	<p>83.4% (46)</p>	<p style="text-align: center; margin-top: 10px;"> ■ SET Resident ■ All in SET Beds — Target Line </p>																																

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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>Nov was 74.9% (403) now 75.4% (403)</p>	<p>66.8%</p> <p>(340)</p> <p>>48 hrs By Trust of res</p> <p>SET 64 BT 46 NT 2 ST 1</p>	<p>75.4%</p> <p>(403)</p> <p>>48 hrs By Trust of res</p> <p>SET 49 BT 49 NT 1 ST 0</p>	<p>77.6%</p> <p>(425)</p> <p>>48 hrs By Trust of res</p> <p>SET 50 BT 44 NT 1 ST 0</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>Oct was 84.1% 339 (54) now 84.1% 340 (54)</p>	<p>84.1%</p> <p>340</p> <p>(54)</p> <p>SET 23 BT 29 NT 1 ST 1</p>	<p>88.3%</p> <p>403</p> <p>(47)</p> <p>SET 20 BT 27</p>	<p>90.8%</p> <p>425</p> <p>(39)</p> <p>SET 18 BT 21</p>	<p style="text-align: center;"> ■ SET Residents — Target Line </p>
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>Oct was 90.2% 255 (25) now 90.4% 260 (25) Nov was 93.4% 302 (20) now 93.3% 300 (20)</p>	<p>90.4%</p> <p>260</p> <p>(25)</p>	<p>93.3%</p> <p>300</p> <p>(20)</p>	<p>94.3%</p> <p>317</p> <p>(18)</p>	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying Belfast Trust Residents in SET beds.	63.8%	73.8%	80.6%	
		n = complex discharges	80	103	108	
		(n) = discharges delayed by more than 7 days.	(29)	(27)	(21)	
		Revisions post validation:-				
		Oct was 65.5% 84 (29) now 63.8% 80 (29) Nov was 73.3% 101 (27) now 73.8% 103 (27)				

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	
Unplanned Admissions	By March 2018 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825 16/17 Target = 2684 Reported Quarterly in arrears.	667 (cum 1387)	737 (cum 2127)	754 (cum 2881)	726 (cum 726)	694 (cum 1420)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			SEPT	OCT	NOV	
Long-Term Conditions	By March 2018, deliver 90,132 telecare monitored patient days (equivalent to approximately 244 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract. To be reported one month in arrears	The Trust has started the process of educating practitioners about the system and referrals have increased with higher referral rates at the start of 2016. Monthly target 7511 MPD MCD = Monitored Care Day	In Month 8348 MCDs 111% Cum 52291 MCDs 116%	In Month 8164 MCDs 109% Cum 60455 MCDs 115%	No report provided	The number of patients benefiting from remote telecare monitoring = 263 clients (6 lower than previous month).

Service Area	Target	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	80%	81%	82%	85%	81%	83%	82%	86%	84%	83%	87%	84%	78%
	100% of less urgent calls triaged within 1 hour	61%	67%	73%	73%	66%	65%	76%	76%	74%	72%	74%	68%	47%

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	10	9	11	11	13	13	18	18	18	18	18	18	18
Adult MH Services waits	All < 9 weeks	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	99.7%	99.4%	100%	95.8%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Q3 11 (cum 25)	4 th Quarter 136 (cum 147)			Quarter 1 89			Quarter 2 70 (cum 159)			Quarter 3 67 (cum 226)		
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	3	3	4	7	8	8	3	3	7	4	4	6	7
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.3%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Mental Health	By March 2018, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	11	11	11	11	11	10	10	9	9	9	9	9	9

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	NOV 16	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints Handling	How many complaints were received this month?	3	4	2	6	2	2	7	2	4	5	1	5	4
	What % were responded to within the 20 day target? (target 65%)	0%	0%	50%	40%	0%	50%	57%	100%	75%	80%	100%	60%	50%
	How many were outside the 20 day target?	3	4	1	3	2	1	3	0	1	1	0	2	2
Freedom of Information Requests	How many FOI requests were received this month?	2	1	2	2	1	2	3	3	2	4	1	0	4
	What % were responded to within the 20 day target? (target 100%)	50%	100%	50%	0%	100%	100%	100%	100%	100%	100%	100%	n/a	50%
	How many were outside the 20 day target?	1	0	1	2	0	0	0	0	0	0	0	0	2

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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>	99.4%	100%	95.8%	
			(660)	(637)	691	
			[4]	[0]	[29]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 68 discharges in December 2017, all were discharged within 7 days	100%	100%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 7 delayed discharges in December 2017. The availability of suitable accommodation is the difficulty in facilitating the discharge.	4	6	7	
	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 44 SET discharges in December 2017, for follow up within 7 days. All were offered 7 day follow up. 1 DNA' d, 3 to be clarified from MHSOP	100%	100%	100%	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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	11	11	8	8	8	9	11	10	8	8	6	3	3
	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.	171	270	319	362	391	402	489	489	489	489	489	489	489
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	619	618	620	632	632	637	645	651	654	666	666	666	666

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	100%	100%	Zero Return	Zero Return	Zero Return	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	Zero Return	100%	100%	100%	Zero Return	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	DEC 16	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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	220	217	219	225	228	229	234	237	238	241	241	241	241
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	278	281	287	291	289	292	295	296	297	310	310	310	310
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	2 (cum 21)	5 (cum 26)	3 (cum 29)	0 (cum 29)	1 (cum 1)	4 (cum 5)	3 (cum 8)	1 (cum 9)	2 (cum 11)	5 (cum 16)	2 (cum 18)	4 (cum 22)	4 (cum 26)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	91%	95%	100%	100%	100%	100%	96.5%	96.5%	96.3%	93.5%	93.8%	95%	96.6%

		Quarter 3 (16/17)	Quarter 4 (16/17)	Quarter 1 (17/18)	Quarter 2 (17/18)	Quarter 3 (17/18)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 556 Target: 278 (70 per quarter)	3 rd Quarter 121 (cum 289)	4 th Quarter 98 (cum 387)	1 st Quarter 97 (cum 97)	2 nd Quarter 67 (cum 164)	3 rd Quarter 92 (cum 256)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	3 rd Quarter 98 (cum 214)	4 th Quarter 61 (cum 275)	1 st Quarter 85	2 nd Quarter 76 (cum 161)	Figures being validated
	Carers Assessments (Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	3 rd Quarter 13 (cum 73)	4 th Quarter 33 (cum 106)	1 st Quarter 17	2 nd Quarter 12 (cum 29)	Figures being validated
	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)	3 rd Quarter 8549.0 Hours (cum 22012.7 Hrs)	4 th Quarter 9163.0 Hours (cum 31175.7 Hrs)	1 st Quarter 8884.9 Hours	2 nd Quarter 9487.0 Hours (cum 18371.9 Hrs)	Figures being validated
	Achieve minimum 88% internal environment cleanliness target.	93%	95%	97%	93%	93%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

Service Area	Indicator	NOV 16	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints Handling	How many complaints were received this month?	2	1	0	1	0	1	3	1	1	2	2	0	0
	What % were responded to within the 20 day target? (target 65%)	50%	100%	n/a	100%	n/a	100%	100%	100%	100%	0%	100%	n/a	n/a
	How many were outside the 20 day target?	1	0	0	1	0	0	0	0	9	2	0	0	0
Freedom of Information Requests	How many FOI requests were received this month?	3	0	0	0	1	1	0	1	0	1	0	0	0
	What % were responded to within the 20 day target? (target 100%)	0%	n/a	n/a	n/a	100%	0%	n/a	0%	n/a	100%	n/a	n/a	n/a
	How many were outside the 20 day target?	3	0	0	0	0	1	0	1	0	0	0	0	0

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																														
			OCT	NOV	DEC																															
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 August.	100%	100%	100%																															
	No discharge taking longer than 28 days.	The Trust currently has 11 people awaiting discharge, all of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	6 (6)	3 (3)	3 (3)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>0-7</td> <td>4</td> <td>0</td> <td>0</td> </tr> <tr> <td>8-28</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>29-90</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>91-365</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>>365</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Total</td> <td>6</td> <td>3</td> <td>3</td> </tr> </tbody> </table>				Delay in days	Oct	Nov	Dec	0-7	4	0	0	8-28	0	0	0	29-90	0	0	0	91-365	0	1	1	>365	2	2	2	Total	6	3
Delay in days	Oct	Nov	Dec																																	
0-7	4	0	0																																	
8-28	0	0	0																																	
29-90	0	0	0																																	
91-365	0	1	1																																	
>365	2	2	2																																	
Total	6	3	3																																	
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 (one person is receiving active treatment)	3 people remain to be resettled (one person is receiving active treatment)	3 people remain to be resettled (one person is 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	238	238	238																															
		Learning Disability	297	297	297																															

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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)	99.4% (2)	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	98.5% (4)	99.3% (2)	97.9% (1)	99.1% (3)	98.9% (3)	100% (0)	99.4% (2)	100% (0)	100% (0)	100% (0)	99.4% (2)	100% (0)	99.7% (1)
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	NOV 16	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints Handling	How many complaints were received this month?	4	3	2	5	6	7	6	3	2	3	0	2	4
	What % were responded to within the 20 day target? (target 65%)	25%	67%	100%	60%	100%	100%	100%	0%	100%	67%	n/a	100%	100%
	How many were outside the 20 day target?	3	1	0	2	0	0	0	3	0	1	0	0	0
Freedom of Information Requests	How many FOI requests were received this month?	4	2	0	0	1	0	1	1	0	1	2	0	0
	What % were responded to within the 20 day target? (target 100%)	75%	50%	n/a	n/a	100%	n/a	0%	100%	n/a	100%	100%	n/a	n/a
	How many were outside the 20 day target?	1	1	0	0	0	0	1	0	0	0	0	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			OCT	NOV	DEC																								
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%																								
		330	349	234																									
Committal	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>Oct</th> <th>Nov</th> <th>Dec</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;">272</td> <td style="text-align: center;">288</td> <td style="text-align: center;">234</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</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;">58</td> <td style="text-align: center;">61</td> <td style="text-align: center;">61</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>			Oct	Nov	Dec	Maghaberry	Committals	272	288	234	Breaches	0	0	1	Hydebank	Committals	58	61	61	Breaches	2	0	0	99.4%	100%	99.7%	
			Oct	Nov	Dec																								
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	Breaches	2	0	0																									
		330	349	295																									
		(0)	(0)	(1)																									
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%																								
		30	42	56																									
		(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%																								
		42	39	28																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	% = Compliance	100%	100%	100%	
		(n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team.	(7)	(8)	(7)	
		[n] = number of prisoners waiting >9wks for appointment	[0]	[0]	[0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Psychological Therapies waits	All < 13 weeks	35.4%	40.2%	40.7%	51.5%	53.8%	54.6%	59.5%	64.1%	60.8%	65.5%	70.7%	73.4%	69.0%

Adult Services Directorate – Clinical Psychology Services – KPIs

	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Direct Contacts (cum)	1689 (18246)	2003 (20,249)	2255 (22,504)	2420 (24,924)	2087	2511 (4598)	2830 (5341)	2227 (7568)	2369 (9937)	2710 (12647)	3046 (15693)	2661 (18345)	1978 (20323)
Consultations (cum)	94 (812)	119 (931)	89 (1,020)	75 (1095)	92	171 (263)	148 (411)	149 (560)	143 (703)	171 (844)	186 (1030)	184 (1114)	146 (1260)
Supervision - Hours (cum)	121 (1,056)	106 (1,162)	133 (1,295)	119 (1414)	144	162 (306)	156 (462)	146 (608)	156 (764)	247.5 (1011.5)	155 (1166.5)	168 (1334.5)	150 (1484.5)
Staff training - Hours (cum)	100 (1,071)	56 (1,127)	189 (1,316)	175 (1491)	121	113 (234)	136 (370)	87 (457)	82 (539)	116.5 (655.5)	116 (771.5)	107 (878.5)	106 (984.5)
Staff training - Participants (cum)	506 (2,467)	80 (2,547)	328 (2,875)	137 (3012)	291	410 (701)	563 (1264)	256 (1520)	156 (1676)	279 (1955)	383 (2338)	274 (2612)	231 (2843)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	NOV 16	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints Handling	How many complaints were received this month?	1	0	0	0	0	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 65%)	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	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																																			
			OCT	NOV	DEC																																				
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance (n) = number on waiting list [n] = number waiting > 13 weeks	70.7%	73.4%	69.0%																																				
			(663)	(642)	(685)																																				
			[194]	[158]	[212]																																				
						<table border="1"> <thead> <tr> <th>Breaches</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>Adult Mental Health</td> <td style="background-color: red;">114</td> <td style="background-color: red;">95</td> <td style="background-color: red;">122</td> </tr> <tr> <td>Older People</td> <td style="background-color: red;">2</td> <td style="background-color: red;">14</td> <td style="background-color: red;">12</td> </tr> <tr> <td>Adult Learn Dis</td> <td style="background-color: red;">11</td> <td style="background-color: red;">9</td> <td style="background-color: red;">13</td> </tr> <tr> <td>Children's Learn Dis</td> <td style="background-color: red;">5</td> <td style="background-color: green;">0</td> <td style="background-color: red;">3</td> </tr> <tr> <td>Adult Health Psych</td> <td style="background-color: red;">62</td> <td style="background-color: red;">40</td> <td style="background-color: red;">62</td> </tr> <tr> <td>Children's Psych</td> <td style="background-color: green;">0</td> <td style="background-color: green;">0</td> <td style="background-color: green;">0</td> </tr> <tr> <td>Total</td> <td style="background-color: red;">194</td> <td style="background-color: red;">158</td> <td style="background-color: red;">212</td> </tr> </tbody> </table>				Breaches	Oct	Nov	Dec	Adult Mental Health	114	95	122	Older People	2	14	12	Adult Learn Dis	11	9	13	Children's Learn Dis	5	0	3	Adult Health Psych	62	40	62	Children's Psych	0	0	0	Total	194	158	212
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CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (2)	100% (5)	100% (1)	100% (2)	100% (1)	100% (1)	100% (2)	100% (1)	100% (4)	100% (2)	100% (3)	100% (2)	0% (1)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	95.7% (2)	100% (0)	100% (0)	100% (0)	97.4% (1)	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	89.5% (2)	75% (3)	62.5% (6)	87.5% (3)	83.3% (3)	82.4% (3)	90.3% (3)	100% (0)	70% (6)	86.7% (2)	100% (0)	91.3% (2)	95.5% (1)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	93.3% (1)	100% (0)	100% (0)	100% (0)	100% (0)	86.4% (3)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	81.8% (30)	88.1% (21)	90.9% (19)	65.6% (63)	63% (47)	74% (47)	86.3% (28)	85.9% (22)	75.7% (50)	90.6% (16)	85.3% (33)	52.1% (92)	86% (20)
	All Family support initial assessment completed <10 days of allocation	27.9%	19.4%	43.8%	27.1%	16.8%	24%	32%	26.6%	33.3%	36.4%	34.3%	56.3%	47.1%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	33.3% (18)	94.6% (2)	73.9% (6)	100% (0)	50% (10)	75% (17)	50.9% (28)	50% (20)	44.9% (27)	60.5% (17)	71.4% (12)	66.1% (20)	73% (10)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	98.3% (1)	91.9% (3)	94.6% (2)	95.7% (2)	96.4% (2)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	97.4% (3)	97.4% (3)	100% (0)	100% (0)	100% (0)	99.5% (1)	100% (0)	100% (0)	98.7% (2)	100% (0)	100% (0)	100% (0)	98.9% (1)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	Q3 23 (cum 83)	4 th Quarter 21 (cum 104)			Quarter 1 27			Quarter 2 19 (cum 46)			Quarter 3 189 (cum 64)		
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	173	78	85	105	140	146	159	178	155	146	172	189	237
Unallocated cases	Total number of unallocated cases over 30 days in Children's Services	141	55	55	74	94	109	123	88	120	113	132	161	188

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	DEC 16	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Fostering	Number of Mainstream Foster Carers	320	316	320	325	329	328	332	333	322	333	337	341	344
	Number of children with Independent Foster Carers	28	29	28	29	33	32	35	36	38	34	35	36	35
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	91.9%	93.1%	93.3%	93.7%	93.2%	92.5%	93.8%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Q3 97.2%	Quarter 4 96.9%			Quarter 1 93.1%			Quarter 2 92.9%					
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	49.9%	44.7%	53.2%	46.7%	48%	51.4%	45%	46%	53.2%	51.7%	48.2%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	295	161	180	208	243	249	242	266	236	252	271	292	317
	Family Centre Waiting List at month end	5	6	8	12	13	13	20	20	15	20	20	13	13
Care Leavers	At least 75% aged 19 in education, training or employment	85%	82%	77%	80%	80%	78%	76%	77%	75%	76%	71%	71%	76%

Children's Services - Corporate Issues

Service Area	Indicator	NOV 16	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
Complaints	How many complaints were received this month?	9	3	10	9	7	5	4	15	5	4	9	1	6
	What % were responded to within the 20 day target? (target 65%)	11%	33%	10%	11%	14%	0%	50%	20%	40%	0%	33%	100%	33%
	How many were outside the 20 day target?	8	2	9	8	6	5	2	12	3	4	6	0	4
Freedom of Information Requests	How many FOI requests were received this month?	2	1	4	7	1	3	3	4	0	1	1	2	6
	What % were responded to within the 20 day target? (target 100%)	0%	0%	50%	14%	100%	33%	67%	50%	n/a	100%	100%	100%	67%
	How many were outside the 20 day target?	2	1	2	6	0	2	1	2	0	0	0	0	2

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
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>(2)</p>	<p>0%</p> <p>(1)</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 10 children taken into care during June 2017. 1 child was for Respite/Shared Care and 1 was discharged</p> <p>Of the remaining 8 children, all had a permanence plan in place at the end of December 2017.</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>	<p>100%</p> <p>(0)</p>	

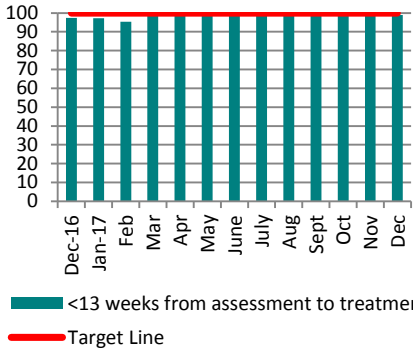
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
Assessment Of Children At Risk Or In Need	All child protection referrals to be allocated within 24 hours of receipt of referral.	% = compliance (n) = total referrals [n] = number allocated within 24 hrs	100% (47) [47]	100% (85) [85]	100% (46) [46]	
	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% (47) [47]	100% (81) [81]	100% (46) [46]	
	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% (14) [14]	91.3% (23) [21]	95.5% (22) [21]	
	All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after.	% = % compliance (n) = number of initial assessments completed. [n] = number completed within 14 working days.	100% (20) [20]	100% (21) [21]	100% (10) [10]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			OCT	NOV	DEC	
	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	85.3% (224) [191]	52.1% (192) [100]	86% (161) [141]	
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	34.3% (134) [46]	56.3% (215) [121]	47.1% (104) [49]	
	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.	71.4% (42) [30]	66.1% (59) [39]	73% (37) [27]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st December 2017, 56 children were on the waiting list specifically for diagnostic assessment for ASD. 2 children waiting > 13 wks (Longest wait 188 Days) % = compliance (n) = breaches	94.6% <13 wks (2)	95.7% <13 wks (2)	96.4% <13 wks (2)	<p>Legend: Assessment within 13 wks (teal bar), Target Line (red line)</p>

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																										
			OCT	NOV	DEC																																											
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st December 2017 – 87 total waiters:- <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td style="width: 70%;">0 – 4 wks</td><td style="width: 30%;">20</td></tr> <tr><td>>4 – 8 wks</td><td>64</td></tr> <tr><td>>8 – 13 wks</td><td>2</td></tr> <tr><td>> 13 wks</td><td>1</td></tr> <tr><td>Total</td><td>87</td></tr> </table> Longest wait = 104 days % = compliance (n) = breaches	0 – 4 wks	20	>4 – 8 wks	64	>8 – 13 wks	2	> 13 wks	1	Total	87	100% (0)	100% (0)	98.9% (1)	 <p style="font-size: small; margin-top: 5px;"> █ <13 weeks from assessment to treatment — Target Line </p>																																
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Total	87																																															
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31 st December 2017 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr> <tr><td>160</td><td>21</td><td>56</td><td>237</td></tr> <tr><td>(205)</td><td>(30)</td><td>(82)</td><td>(317)</td></tr> </table>	Gateway	Disability	FIT	Total	160	21	56	237	(205)	(30)	(82)	(317)	172 (271)	292 (189)	237 (317)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Gateway</th> <th>Disability</th> <th>FIT</th> <th>Total</th> </tr> <tr> <td>< 1 wk</td> <td>3</td> <td>2</td> <td>1</td> <td>6</td> </tr> <tr> <td>1-4 wks</td> <td>42</td> <td>7</td> <td>25</td> <td>74</td> </tr> <tr> <td>4-8 wks</td> <td>45</td> <td>8</td> <td>28</td> <td>81</td> </tr> <tr> <td>> 8 wks</td> <td>115</td> <td>13</td> <td>28</td> <td>156</td> </tr> <tr> <td>Total</td> <td>205</td> <td>30</td> <td>82</td> <td>317</td> </tr> </table>		Gateway	Disability	FIT	Total	< 1 wk	3	2	1	6	1-4 wks	42	7	25	74	4-8 wks	45	8	28	81	> 8 wks	115	13	28	156	Total	205	30	82	317
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HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: 200 Individuals enrolled in the service by March 2018	38 enrolled in the service	56 enrolled in service	83 enrolled in service		(discrepancy due to roll over from previous quarter)
		Target: 60% Quit rate at 4 weeks n = number quit at 4 wks % = Quit rate	39 clients quit at 4 weeks	37 clients quit at 4 weeks 66%	43 quit at 4 weeks (67%)		
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: 143 enrolled in the service baseline n = number enrolled	42 enrolled in the service	51 enrolled in the service	36 enrolled in service		
		Target: 60% Quit rate at 4 weeks (n) = number enrolled n = number quit at 4 wks % = Quit rate	26 quit at 4 weeks (62%)	43 quit at 4 weeks 84%	25 quit at 4 weeks (69%)		

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	Q1 525	Q2 535	Q3 525		
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	Q1 9	Q2 36	Q3 57		

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2017/18				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2018 demonstrate a 5% reduction on absenteeism from 2016-17. Target set at 6.37% for Trust.	2016-17 Year End absence was 6.70% (target 6.47%) HR to work collaboratively with the operational Directorates to address absence figures.	6.47 (cum)	5.94 (cum)	6.54% (cum)		Q2: 2016-17 = 6.32% Q2: 2015-16 = 6.61% Q2: 2014-15 = 6.60% Q2: 2013-14 = 6.40%
Induction	By March 2018, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.		69% (cum)	79% (cum)	62% (cum)		Q2: 2016-17 = 79% Q2: 2015-16 = 71% Q2: 2014-15 = 80% Q2: 2013-14 = 67%
KSF Appraisal	Improve take-up in annual appraisal of performance during 2017/18 by 5% on previous year – i.e. 50.5% by end March 18.	48% appraisal uptake at Year-end 2016-17 (target 44%) New recording mechanism allows for breakdown by Directorate and by named managers.	46% (cum)	47% (cum)	44% (cum)		Q2: 2016-17 = 45% Q2: 2015-16 = 42% Q2: 2014-15 = 38% Q2: 2013-14 = 35%
KSF Appraisal	By March 2018 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 95% appraisal uptake at Year-end 2016-17 (target 95%).	60%	89%	97%		
Equality	To provide 'Working Well with Interpreters' training sessions for staff in LVH, UHD and Downpatrick during 2017-2018. 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%	100%	100%		The Trust held Working Well with Interpreters training sessions in all 3 Trust locations on 7 th , 13 th and 15 th November 2017. A total of 48 staff attended. The Trust will hold further training sessions in March 2018. Staff who have requested access to the booking system have received access within 24 hours.

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2017/18				TREND
			Q1	Q2	Q3	Q4	
	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%	100%	100%		Quarterly Screening Report published on Trust website.
Bank	By April 18 reduce Agency Usage within all Corporate Bank Users to 12% and increase Bank usage to 88%	At Year-end 2016-17: 86% Bank, 14% Agency	86% Bank/ 14% Agency	87% Bank/ 13% Agency	87% Bank/ 13% Agency		
	By March 18 to increase the Users of the Corporate Bank Service by 25%	At Year-end 2016-17: 48% increase new users.	14% increase in new Users	3% increase in new users (cum 17%)	2% increase in new users (cum 19%)		Starting Point 194 units using Corporate Bank. End Q1 221 users End Q2 227 users End Q3 230 users
HRPTS	By end December 2017 all medical staffing recruitment to be processed through the eRecruitment system.	There has been limited progress on evolving the use of HRPTS in Medicine & Surgery. Follow up meetings have been arranged with Senior Management, the objective is to achieve full usage of HRPTS/erec system by January 18 Difficulties have been encountered with the use of erec system within Psychiatry. Work is on-going to identify and correct system errors.	30%	30%	30%		

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2017/18				TREND
			Q1	Q2	Q3	Q4	
	100% of HRPTS users to be accessing payslips online by June 17 (excludes special provisions for L-Term leave, etc.)	62% of the Trust are paperless with 38% still receiving paper payslips, this means that 73% of the staff deployed to have had their paper payslips turned off. The delay in turning off payslips has been caused by system issues, the delay in the password reset functionality and the multiple contracts issue.	62%	83%	80%		
Staff Well-Being	To increase the number of staff engaging in the physical activity programmes by 5% year on year.	Base line figures 2016/17 = 2,977 (Figures do not include Ulster hospital Site as this was an new initiative commencing Oct 2016)	243 Staff attended Health Checks 2802 staff participated in weekly or one off initiatives	864 staff participated in Physical activity programmes 72 staff attended Health Checks	1,431 staff participated in PA 85 staff attended health checks		
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31 st March 2018	.					

PERFORMANCE IMPROVEMENT TRAJECTORIES

**Performance Improvement Trajectories
Hospital Services**

Performance Area	Performance 2016/17	Projected Performance 2017/18	Predicted Position Apr – Dec 17	Actual Position Apr – Dec 17
ED 4 hours (%)	80	80	80	78
Cancer 14 days (%)	78	95	99	99
Cancer 31 days (%)	95	94	94	95
Cancer 62 days (%)	49	51	50	50
IPDC Core Elective (%)	-7.4	-8	-7	-7
NOP Core (%)	-11.4	-12	-12	-11

**Performance Improvement Trajectories
Mental Health Waiting Times – 9 & 13 Week**

Performance Area	Position March 17	Projected Position March 18	Projected Position Dec 17	Actual Position Dec 17
Adult Mental Health	1	0	0	6
Psychological Therapies	446	142	190	212