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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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears

SAFE AND EFFECTIVE CARE

SAFE & EFFECTIVE CARE - All targets reported one month in arrears
Commissioning Priorities

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			FEB	MAR	APR	
Patient Safety VTE Compliance	Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2015/16 (includes DPU).	Medical	97%	99%	95%	Trust wide this month we have achieved compliance with the 93% , this reflects a small drop with compliance but over all figure will be skewed by the compliance in Women & Child Health. These results will be forwarded to Women & Child Health
		Surgical	94%	95%	91%	
		Day Procedure Unit	-	-	-	
		Women & Child Health	91%	74%	70%	
		SET (Trustwide)	96%	94%	93%	

SAFE & EFFECTIVE CARE - All targets reported one month in arrears

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS																								
			FEB	MAR	APR																									
Falls Reduction	<p>Trusts will continue to improve compliance with Part B of the 'Fallsafe' Bundle.</p> <p>Trusts will spread the regionally agreed elements of Part A of the 'Fallsafe' bundle and demonstrate an increase each quarter in the % of adult inpatient ward/areas in which 'Fallsafe' bundle has been implemented.</p> <p>Trusts will monitor and provide reports on bundle compliance, the number of incidents of falls, those which cause moderate or more severe harm and the rate per 1,000 bed days.</p>	<table border="1"> <thead> <tr> <th>Falls Reduction</th> <th>Quarterly Rate</th> </tr> </thead> <tbody> <tr> <td>Q2 2013</td> <td>6.5</td> </tr> <tr> <td>Q3 2013</td> <td>6.9</td> </tr> <tr> <td>Q4 2013</td> <td>6.4</td> </tr> <tr> <td>Q1 2014</td> <td>6.8</td> </tr> <tr> <td>Q2 2014</td> <td>8.0</td> </tr> <tr> <td>Q3 2014</td> <td>6.8</td> </tr> <tr> <td>Q4 2014</td> <td>7.2</td> </tr> <tr> <td>Q1 2015</td> <td>5.3</td> </tr> <tr> <td>Q2 2015</td> <td>6.1</td> </tr> <tr> <td>Q3 2015</td> <td>5.4</td> </tr> <tr> <td>Q4 2015</td> <td>4.8</td> </tr> </tbody> </table>	Falls Reduction	Quarterly Rate	Q2 2013	6.5	Q3 2013	6.9	Q4 2013	6.4	Q1 2014	6.8	Q2 2014	8.0	Q3 2014	6.8	Q4 2014	7.2	Q1 2015	5.3	Q2 2015	6.1	Q3 2015	5.4	Q4 2015	4.8	Part A	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	Part A	<p>All Trusts struggling to achieve compliance with the overall bundle especially the urinalysis section.</p> <p>Audit guidance is being updated regionally re Urinalysis – N/A option to be added as not all patients admitted for elective surgery require urinalysis</p>
		Falls Reduction	Quarterly Rate																											
		Q2 2013	6.5																											
		Q3 2013	6.9																											
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		Q2 2015	6.1																											
		Q3 2015	5.4																											
		Q4 2015	4.8																											
79%	74%																													
Part B	Part B																													
79%	78%																													
<p>Falls Rate reported on quarterly basis. Information retrieved from PHA, Quality Improvement.</p> <p>For compliance with individual elements of Part A and Part B please see Appendix 1.</p> <p>Total Spread = 100%</p>																														

SAFE & EFFECTIVE CARE - All targets reported one month in arrears

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS																									
			FEB	MAR	APR																										
Pressure Ulcer Reduction	<p>From April 2015 establish a baseline for 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>	<table border="1"> <thead> <tr> <th>Pressure Ulcer Reduction</th> <th>Quarterly Rate</th> </tr> </thead> <tbody> <tr><td>Q2 2013</td><td>0.35</td></tr> <tr><td>Q3 2013</td><td>0.40</td></tr> <tr><td>Q4 2013</td><td>0.42</td></tr> <tr><td>Q1 2014</td><td>0.4</td></tr> <tr><td>Q2 2014</td><td>0.4</td></tr> <tr><td>Q3 2014</td><td>0.5</td></tr> <tr><td>Q4 2014</td><td>0.3</td></tr> <tr><td>Q1 2015</td><td>0.4</td></tr> <tr><td>Q2 2015</td><td>0.3</td></tr> <tr><td>Q3 2015</td><td>0.3</td></tr> <tr><td>Q4 2015</td><td>0.2</td></tr> </tbody> </table>		Pressure Ulcer Reduction	Quarterly Rate	Q2 2013	0.35	Q3 2013	0.40	Q4 2013	0.42	Q1 2014	0.4	Q2 2014	0.4	Q3 2014	0.5	Q4 2014	0.3	Q1 2015	0.4	Q2 2015	0.3	Q3 2015	0.3	Q4 2015	0.2	SKIN Bundle Compliance			<p>One element reduces the overall compliance: Is there documented evidence of an individual repositioning schedule?</p> <p>There is work to support Neely Ward to do analysis of audit and improvement planned for end of June.</p> <p>The pressure ulcer KPI was updated April 2016</p>
		Pressure Ulcer Reduction	Quarterly Rate																												
		Q2 2013	0.35																												
		Q3 2013	0.40																												
		Q4 2013	0.42																												
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		Q3 2015	0.3																												
		Q4 2015	0.2																												
		Medical 69%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	Medical 80%																											
Surgical 45%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	Surgical 79%																													
W&CH (Neely) 50%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	W&CH (Neely) 40%																													
GP Wards 100%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	No Data																													

SAFE & EFFECTIVE CARE - All targets reported one month in arrears

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			FEB	MAR	APR	
Sepsis	HSC Safety Forum will work with Trusts to implement and spread Quality Improvement in the Early Management of Sepsis (eg use of the Sepsis 6) in medical assessment units (or in pilot wards by agreement) by March 2016.	<p>First Workshop took place on 15th October 2014.</p> <p>First Working Group meeting to be arranged for November 2014.</p>	<p><u>Maternity</u></p> <p>82%</p> <p><u>Ward 12</u></p> <p>13%</p>	<p><u>Maternity</u></p> <p>65%</p> <p><u>Ward 12</u></p> <p>70%</p>	<p><u>Maternity</u></p> <p>73%</p> <p><u>Ward 12</u></p> <p>50%</p> <p><u>MAU</u></p> <p>18%</p>	This bundle is still in the testing phase. Compliance with overall bundle would be expected to improve as the testing and development of the screening tools are progressed.
NEWS	95% compliance with accurately completed NEWS charts.	Medicine	85%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	87%	<p>Updated Regional NEWS chart to be launched June 2016, training will support the launch.</p> <p>NEWS will be incorporated into the deteriorating patient work</p> <p>Workshop re NEWS planned for June 2016</p> <p>Overall compliance with individual elements of the bundle remains high. In 2015/2016 the variance between wards was from 77% - 93%. Monitoring observations to the frequency recorded brings the overall compliance of the bundle down.</p>
		Surgical	75%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	75%	
		W&CH	90%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	60%	
		Community	100%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	80%	
		SET (Trustwide)	83%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	83%	

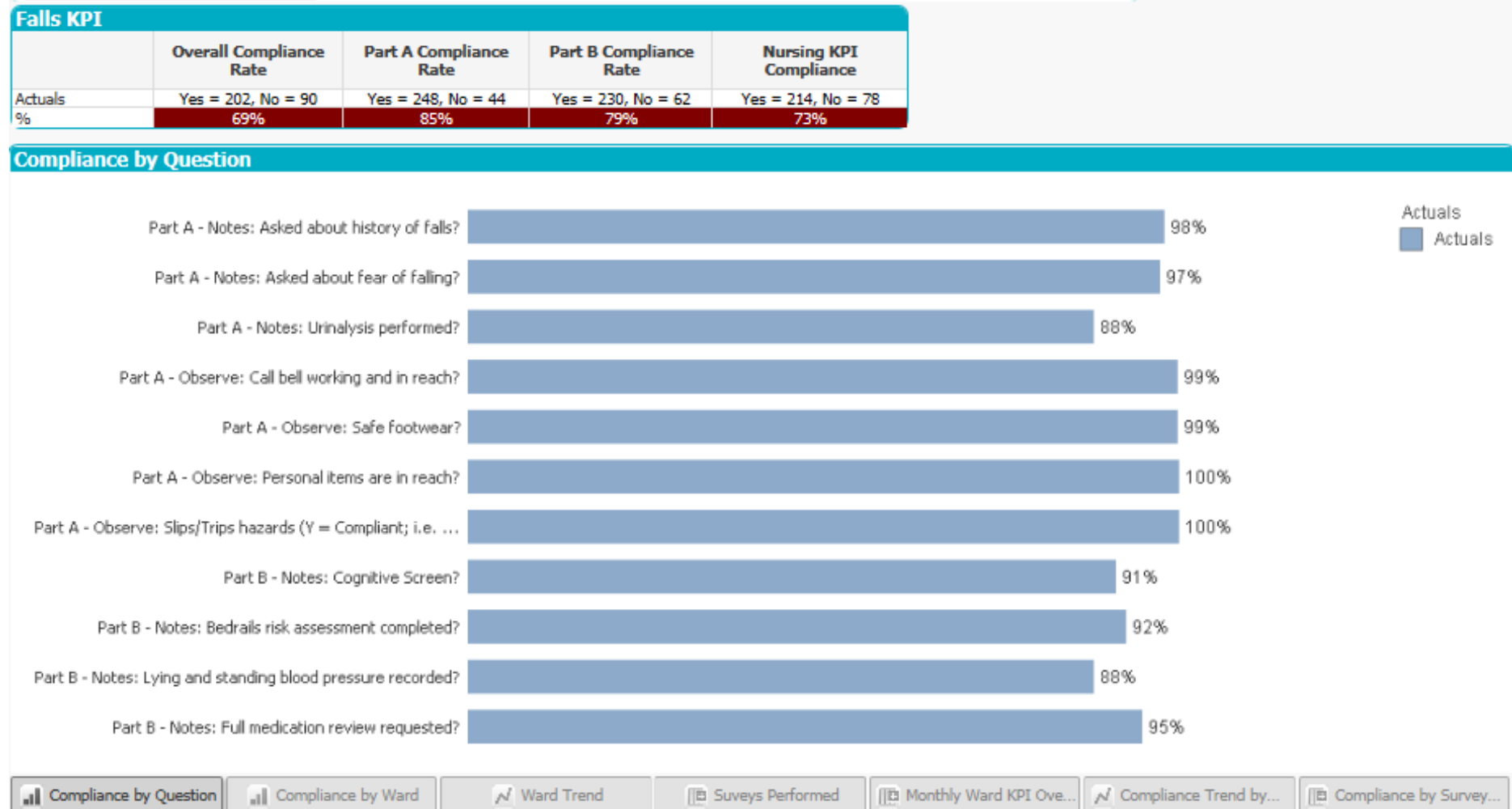
SAFE & EFFECTIVE CARE - All targets reported one month in arrears

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			FEB	MAR	APR	
Food & Nutrition (MUST)	100% Compliance of the completed MUST tool within 24 hours admission to hospital in all Adult Inpatient Wards by March 2016.	Medicine	97%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	98%	Compliance levels with the MUST remain high.
		Surgery	91%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	96%	
		W&CH	100%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	100%	
		Community (Ards GP Ward)	100%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	100%	
		SET (Trustwide)	96%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	97%	
Omitted Meds	100% compliance in 80% of all adult inpatient wards by March 2016	Medicine	79%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	87%	Omitted meds training awareness completed in Feb 16. Overall April compliance has improved during the month of April, further work in progress.
		Surgery	91%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	86%	
		W&CH	No Data	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	100%	

SAFE & EFFECTIVE CARE - All targets reported one month in arrears

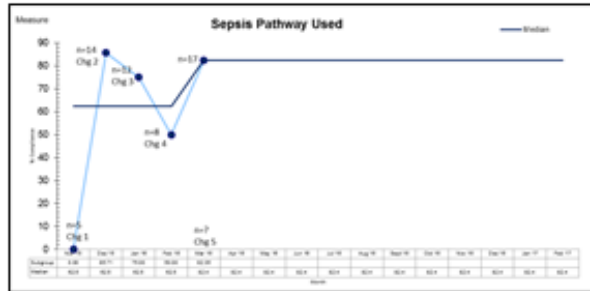
TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			FEB	MAR	APR	
		Community (Ards GP Ward)	60%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	90%	
		SET (Trustwide)	82%	VALIDATION ERROR - UNABLE TO USE MARCH FIGURES	87%	

SAFE & EFFECTIVE CARE - All targets reported one month in arrears
Compliance with individual elements of the FallSafe Bundle for the Trust (Appendix 1) May 16



SAFE & EFFECTIVE CARE - All targets reported one month in arrears
Compliance with Sepsis 6 Bundle (Appendix 2) – Ward 12 May 2016

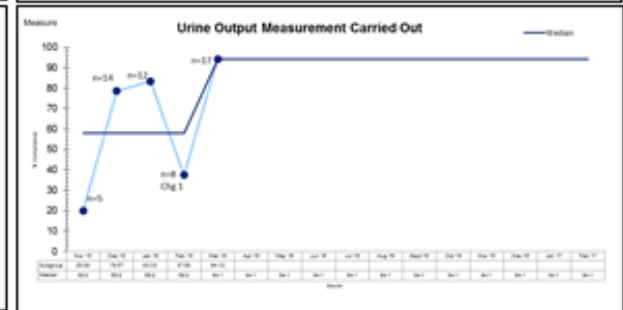
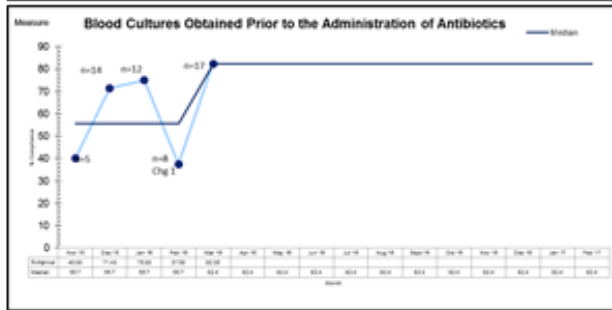
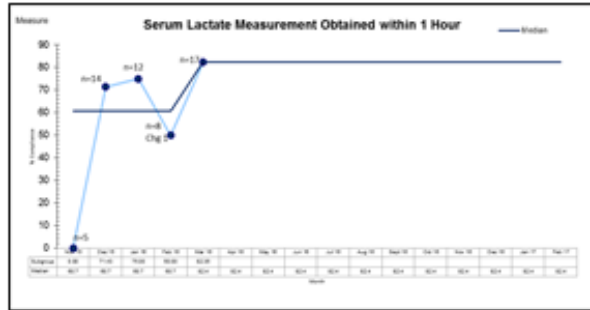
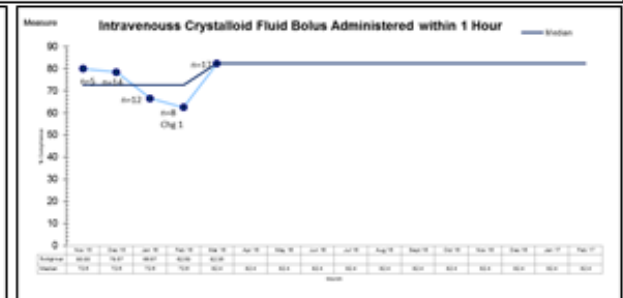
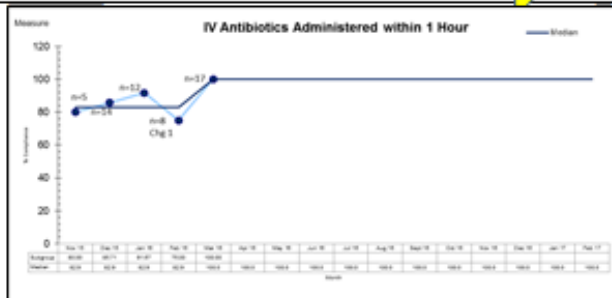
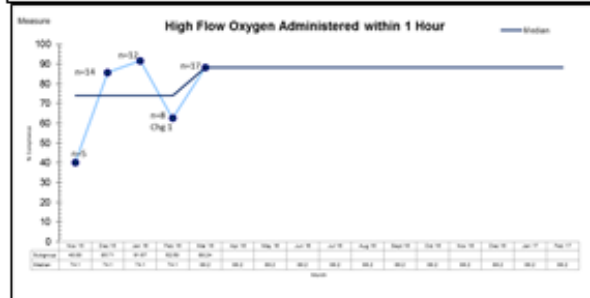
Ward 12 Sepsis 6 Dashboard



Chg 1	Baseline Data. Staff awareness on pilot ward and H@N
Chg 2	Pathway development & Staff Training
Chg 3	Medical Lead Identified. Pathway Introduced
Chg 4	Awareness Posters/branding- 'think Sepsis!' displayed on ward
Chg 5	Dashboard displayed on ward



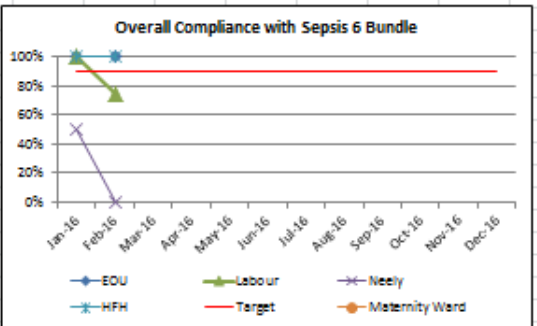
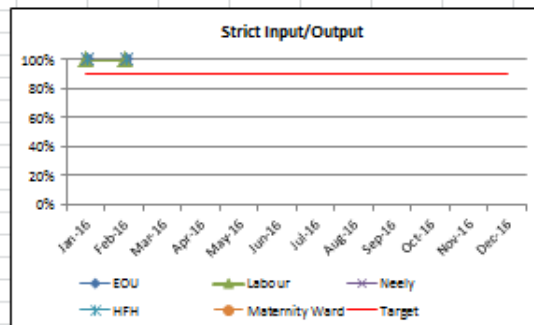
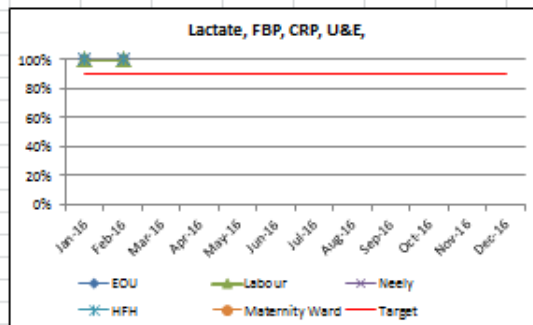
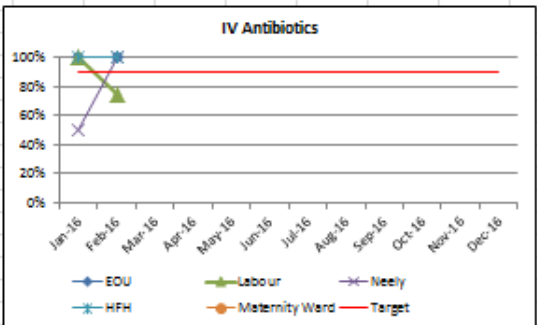
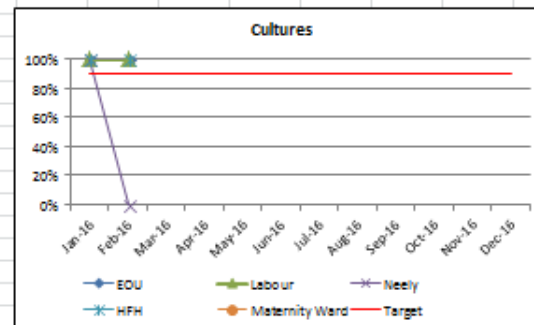
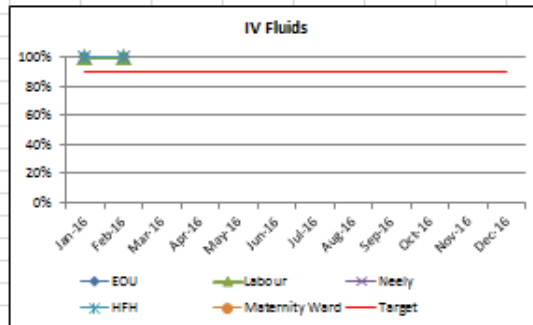
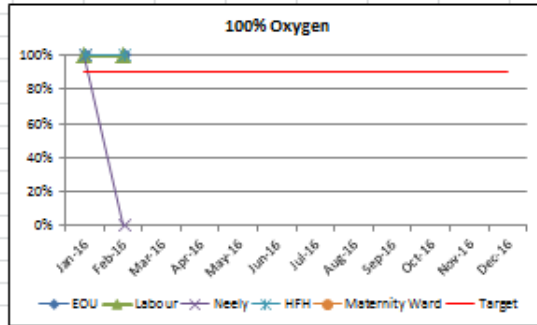
Sepsis6 Elements



SAFE & EFFECTIVE CARE - All targets reported one month in arrears
February 2016 – Compliance with Sepsis 6 Bundle (Appendix 2) - Maternity

Sepsis Dashboard - Maternity

Sepsis 6: Following a diagnosis of Sepsis where all duties address simultaneously within a target time of 1 hour from presentation?



Changes / Interventions

- EDU -
- Labour Ward -
- Neely Ward -
- Home from Home -
- Maternity Ward -

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS																														
			Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16																															
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 may not meet this target.	SET 90%	SET 91%	SET 95%	SET 95%	SET 95%	<p>The bar chart displays scores for four categories: SET (dark teal), UH (red), LVH (light green), and DH (purple) across five quarters. A red line represents the Regional Target at 90%. The scores generally exceed the target, with UH being the lowest in each quarter.</p> <table border="1"> <caption>Environmental Cleanliness Scores</caption> <thead> <tr> <th>Quarter</th> <th>SET</th> <th>UH</th> <th>LVH</th> <th>DH</th> </tr> </thead> <tbody> <tr> <td>Q4 14/15</td> <td>90%</td> <td>88%</td> <td>90%</td> <td>93%</td> </tr> <tr> <td>Q1 15/16</td> <td>91%</td> <td>88%</td> <td>91%</td> <td>94%</td> </tr> <tr> <td>Q2 15/16</td> <td>95%</td> <td>93%</td> <td>98%</td> <td>95%</td> </tr> <tr> <td>Q3 15/16</td> <td>95%</td> <td>92%</td> <td>97%</td> <td>97%</td> </tr> <tr> <td>Q4 15/16</td> <td>95%</td> <td>91%</td> <td>97%</td> <td>97%</td> </tr> </tbody> </table>	Quarter	SET	UH	LVH	DH	Q4 14/15	90%	88%	90%	93%	Q1 15/16	91%	88%	91%	94%	Q2 15/16	95%	93%	98%	95%	Q3 15/16	95%	92%	97%	97%	Q4 15/16	95%	91%	97%	97%
			Quarter	SET	UH	LVH	DH																															
			Q4 14/15	90%	88%	90%	93%																															
			Q1 15/16	91%	88%	91%	94%																															
Q2 15/16	95%	93%	98%	95%																																		
Q3 15/16	95%	92%	97%	97%																																		
Q4 15/16	95%	91%	97%	97%																																		
UH 88%	UH 88%	UH 93%	UH 92%	UH 91%																																		
LVH 90%	LVH 91%	LVH 98%	LVH 97%	LVH 97%																																		
DH 93%	DH 94%	DH 95%	DH 97%	DH 97%																																		

SAFE & EFFECTIVE CARE

TITLE	Target	NARRATIVE	PERFORMANCE			TREND									
			MAR	APR	MAY										
HCAI	By March 2017, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16	<table border="1"> <thead> <tr> <th></th> <th>2015/16 Target</th> <th>2016/2017 Target</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td>Target <55</td> <td>Target<75</td> </tr> <tr> <td>MRSA</td> <td>Target <7</td> <td>Target<7</td> </tr> </tbody> </table>		2015/16 Target	2016/2017 Target	C Diff	Target <55	Target<75	MRSA	Target <7	Target<7	C Diff 11 (cum 86)	C Diff 14	C Diff 4 (cum 18)	
			2015/16 Target	2016/2017 Target											
C Diff	Target <55	Target<75													
MRSA	Target <7	Target<7													
<p>May Figures Subject to Validation Target values subject to change at present.</p>	MRSA 1 (cum 9)	MRSA 1	MRSA 2 (cum 3)												

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY	
Outpatient waits	Min 50% <9 wks for first appt (was 60% in 15/16)	35.8%	36%	32.9%	29.6%	29.2%	28%	28.8%	26.1%	25.8%	30.1%	33.6%	34.9%	35.4%	
	All <52 wks (was 18 wks)	59.6%	57.5%	53.7%	51.3%	49%	46.1%	46.3%	43.9%	44.2%	48.3%	51.4%	82.9%	91.4%	
Diagnostic waits	Imaging 75% <9 wks (was all >9wks)	95.5%	96%	95.5%	93.9%	94.7%	94.7%	93.4%	92%	87.7%	87.8%	87.8%	82.9%	83%	
	Physiological Measurement <9 wks	61.7%	61.2%	57.2%	54.7%	52.2%	52.7%	57.7%	57.4%	64.1%	72%	73.9%	71.9%	69.9%	
	Diag < 9 wks	47.9%	45%	42%	38%	37%	39%	42%	39%	37%	36.5%	35%	36%	36.7%	
	Endoscopies < 13 wks	68.4%	71.5%	65.8%	68.7%	67%	68%	71%	66%	68%	69.1%	70.2%	70.8%	71%	
Inpatient & Daycase Waits	Min 55% <13 wks (was 65%)	54.3%	53.7%	50.7%	47.9%	45.5%	46%	48%	47%	45.5%	49.2%	51.9%	52%	49.2%	
	All <52 wks (was 26 wks)	77%	75.4%	72.5%	68.9%	67.4%	66%	66%	65%	63%	67.7%	71.5%	89.5%	88.7%	
Diagnostic Reporting	Urgent tests reported <2 days	97.2%	97.2%	95.7%	97.2%	96.1%	96.6%	95%	96%	96.5%	96.6%	96.5%	96.1%	95.2%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	81.6%	81.3%	84.2%	78.9%	81.8%	81.4%	78.6%	79.7%	77.6%	78.5%	78.6%	80.6%	83.6%
		12hr breaches	100	136	23	124	28	106	96	175	212	221	236	171	74
	UHD	4hr performance	73%	72.2%	77.4%	69.3%	74.1%	73.7%	69.3%	71%	68.9%	67.8%	68.5%	71.3%	75.7%
		12hr breaches	100	133	21	123	28	106	93	162	197	219	231	158	66
	LVH	4hr performance	91.8%	88.4%	89.4%	87.5%	85.3%	87.2%	90.5%	89.6%	86.4%	90%	88.7%	92.2%	90.8%
		12hr breaches	0	0	0	0	0	0	0	0	0	0	0	1	0
	DH	4hr performance	91.9%	92.8%	93%	94%	93.6%	91.9%	90.1%	90.7%	89.7%	91.6%	89.9%	89.5%	92.4%
		12hr breaches	0	3	2	1	0	0	3	13	15	2	0	12	8
Non Complex discharges	ALL <6hrs	91.4%	90.6%	90.8%	90.7%	89.7%	90.8%	91.8%	91.6%	91.6%	89.8%	89%	87.1%	87.8%	
Hip Fractures	>95% treated within 47hrs (prev 48 Hours)	85%	81%	68%	86%	83%	57%	64%	83%	94%	85%	81%	84%	81%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis (was 13%)	11.4%	6.5%	8.5%	8.3%	8.1%	0%	9.8%	13.9%	22%	10.3%	10.2%	13.5%	13.3%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	60%	62%	62%	57%	62%	57%	55%	70%	58%	51%	59%	44%	52%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)	81.6% (30) 22	86.9% (30) 21	90.1% (14) 19	52.9% (66) 27	44.6% (98) 32	12.4% (191) 40	23.1% (249) 25	78.1% (58) 21	98.8% (2) 17	100% (0) <14	75.5% (44) 22	31% (118) 23	15.5% (201) 25	
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis. (n = breaches)	93% (7)	96% (5)	96% (5)	97% (3)	93% (8)	100% (0)	97% (4)	97% (4)	96% (5)	92.8% (8)	98.4% (2)	90% (10)	94.5% (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	100%	100%	75% (2)	66.6% (3)	42.9% (4)	83.4% (1)	100% (0)	100% (0)	100% (0)	87.5% (1)	90% (1)	66% (3)	77.8% (2)	

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY		
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	98.2%	99.5%	98.4%	98.5%	95.2%	97.1%	96.8%	95%	98.8%	96.7%	98%	94.9%	98.5%		
	% routine tests reported <28 days (Target formerly 100%)	99.9%	99.9%	99.9%	99.1%	99.5%	99.9%	98.6%	99.7%	99.9%	100%	98.3%	99%	99.8%		
% Operations cancelled for non-clinical reasons	SET	1.1%	1.1%	1.7%	0.6%	0.6%	0.7%	1.4%	1.9%	2.1%	0.7%	2.1%	0.8%	0.8%		
	UHD	1.8%	1.7%	1.9%	0.9%	1.2%	1.4%	1.9%	3.6%	3.7%	1.1%	2.8%	0.8%	0.8%		
	AR	0%	0.2%	3.9%	0.3%	0.2%	0%	0.2%	0.2%	1.1%	0%	0.8%	1.2%	1.2%		
	LVH	0.9%	1.1%	0.6%	0%	0.1%	0.3%	1.8%	0.6%	1%	0.9%	1.3%	0%	0%		
	DH	0.5%	0%	0.3%	0.9%	0.4%	0%	0.2%	1.1%	1.2%	0%	2.8%	2.1%	2.1%		
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 18%	Cum 19%	Cum 23%	Cum 25%	Cum 23%	Cum 21%	Cum 21%	Cum 22%	Cum 23%	Cum 23%		Reported 3 mths in arrears			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 95.9%	Cum 92.5%	Cum 88.6%	Cum 85.7%	Cum 85.8%	Cum 85.1%	Cum 84.1%	Cum 82.4%	Cum 82.2%	Cum 81.7%		Reported 3 mths in arrears			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	10996	11106	10844	11097	11116	11282	11009	10422	11726	12408	13669	13152	12041		
	Ulster Hospital	7588	7542	7285	7638	7533	7725	7666	7213	7223	7319	7971	7608	7989		
	Lagan Valley Hospital	1827	1916	1882	1801	1945	1912	1854	1740	1682	1813	2053	1944	2123		
	Downe Hospital (inc w/end minor injuries)	1581	1648	1677	1658	1638	1645	1489	1469	1428	1616	1882	1794	1929		
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	9.6%	9.4%	9.9%	9.2%	9.1%	9.3%	9.2%	9.9%	9.5%	9.4%	9.2%	9.4%	9.2%		
	% New O/P appointments cancelled by hospital (Core/WLI) Target <5%	5.2%	4.3%	5.4%	4.5%	5.5%	5.1%	3.7%	5.1%	4.2%	4.8%	4.5%	5.7%	4.4%		
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5358	6255	5651	5369	5809	5952	5992	5339	5565	6369	6217	6753	6401		
Other Operative Fractures	>95% within 48hrs	80%	66%	69%	86%	82%	66%	60%	73%	77%	82%	80%	84%	82%		
	100% within 7 days	98.6%	93.2%	92.9%	98.8%	97%	90.8%	93.2%	94.6%	98.6%	98.5%	96.5%	98.7%	100%		
Stroke	No of patients admitted with stroke	35	31	35	36	37	39	41	36	41	29	28	37	30		
ICATS	Min 60% <9 wks for first appt All <18 wks	Derm	94.3% (13)			96.2% (8)			78.4% (65)			87.4% (51)			83.9% (60)	77.7% (100)
		Ophth	80.4% (41)			83.2% (57)			80.1% (48)			84.4% (31)			82% (31)	91.9% (17)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.3	6.4	6.4	5.4	6	6.3	6	5.9	6.1	6.2	6.4	6.7	5.7
	Ave LOS trimmed	4.8	4.8	5.1	4.5	4.8	5	4.7	4.8	4.8	4.8	4.8	4.9	4.4
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	11.6	9.9	11.1	10.8	10.7	9.9	9.8	10.3	12	10.6	10.7	11.2	10.9
	Ave LOS trimmed	7.5	6.9	7	8.2	8.1	7.3	7.9	8	8.1	7.1	7.6	7.1	7
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	79.8%	85.6%	88.8%	80.2%	87.1%	88%	83.4%	84.2%	77.2%	74.7%	74.7%	81.4%	86.8%
	% NEW attendances who left without being seen (Target < 5%)	3.5%	3.8%	2.2%	2.9%	2.2%	2.7%	3.1%	2.6%	2.2%	2.6%	3.1%	2.4%	2.5%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.8%	2.8%	2.9%	3.1%	2.9%	2.5%	2.9%	2.3%	2.7%	3.2%	2.9%	2.8%	2.9%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	51.7%	48.5%	50%	46%	50.2%	48.7%	44.8%	54.4%	55.2%	49.8%	52%	55.9%	59.8%

Hospital Services – Corporate Issues

Service Area	Indicator	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR
Complaints	How many complaints were received this month?	35	29	35	33	34	28	28	27	26	22	38	38	38
	What % were responded to within the 20 day target? (target 65%)	46%	59%	69%	67%	35%	50%	46%	56%	46%	45%	45%	55%	50%
	How many were outside the 20 day target?	19	12	11	11	22	14	15	12	14	12	21	17	19
Freedom of Information Requests	How many FOI requests were received this month?	4	1	6	4	2	4	5	2	1	3	4	4	4
	What % were responded to within the 20 day target? (target 100%)	75%	0%	67%	100%	50%	50%	40%	50%	100%	33%	100%	75%	50%
	How many were outside the 20 day target?	1	1	2	0	1	2	3	1	0	2	0	1	1

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Outpatient Waits	<p>Previous Target: From April 2015, at least 60% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 18 weeks.</p>	<p>% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >18 wks (from Apr 15)</p>	<p>33.6% [43508] (28900) {21135}</p>			
	<p>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>	<p>% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >52 wks (from Apr 16)</p>	<p>34.9% [42243] (27515) {4026}</p>	<p>35.4% [42455] (27411) {3661}</p>		
Diagnostic waits	<p>By March 2017 75% of patients should wait 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>	<p>Imaging (9 wk target) These figures relate to Imaging waits only. [n] = total waiting (n) = waiting more than 9 weeks {n} = waiting >26 wks (new from Apr 16) Note: most breaches relate to Dexa scans at LVH <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>	<p>87.8% [5845] (712)</p>	<p>82.9% [6123] (1045) {27}</p>	<p>83% [6051] (1030) {41}</p>	
		<p>Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.</p>	<p>73.9% (858)</p>	<p>71.9% (987) {48}</p>	<p>69.9% (1098) {60}</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
	<p>No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.</p> <p>No patient should wait longer than 13 weeks for other endoscopies.</p>	<p>Diagnostic Endoscopies Inpatient / Day Case (9 wk target) (this is a subset of the Day-case target reported overleaf)</p>	<p>35% [3385] (2200)</p>	<p>36% [3387] (2168)</p>	<p>36.7% [3397] (2148)</p>	
		<p>Diagnostic Endoscopies Inpatient / Day Case (13 wk target)</p> <p>[n] = total waiting (n) = breaches</p>	<p>70.2% [712] (212)</p>	<p>70.8% [774] (226)</p>	<p>71% [842] (244)</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inpatient & Daycase Waits</p>	<p>By March 2017, 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. (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>51.9% (4443)</p>	<p>52% (4495)</p>	<p>49.2% (4788)</p>	
		<p>All Specialities – 26 wk target (from april 2015)</p> <p>% = % waiting < 26 weeks (n) = breaches (26 weeks)</p>	<p>71.5% (2634)</p>			
		<p>All Specialities – 52 wk target (from April 2016)</p> <p>% = % waiting < 52 weeks</p> <p>(n) = breaches (52 wks)</p>		<p>89.5% (985)</p>	<p>88.7% (1064)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In May 2016, 1347 total urgent tests reported, 1283 were reported in < 2 days</p> <p>(n) = breaches > 2 days</p> <p>[n] = total urgent tests</p>	<p>96.5%</p> <p>(52)</p> <p>[1483]</p>	<p>96.1%</p> <p>(60)</p> <p>[1525]</p>	<p>95.2%</p> <p>(64)</p> <p>[1347]</p>	
Emergency Departments	<p>95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.</p> <p>No patient attending any Emergency Department should wait longer than 12 hours.</p>	<p>SET attendances include Ards & Bangor Minor Injury Units not broken down below as not Type 1 Units</p> <p>SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit.</p> <p>n = total new and unplanned review attendances.</p> <p>[n] = seen within 4 hours</p> <p>% = % seen within 4 hours</p> <p>(n) = 12 hour breaches</p>	<p>SET</p> <p>13669</p> <p>[10739]</p> <p>78.6%</p> <p>(236)</p>	<p>SET</p> <p>13152</p> <p>[10629]</p> <p>80.6%</p> <p>(171)</p>	<p>SET</p> <p>13945</p> <p>[11658]</p> <p>83.6%</p> <p>(74)</p>	
			<p>UH</p> <p>7971</p> <p>[5463]</p> <p>68.5%</p> <p>(231)</p>	<p>UH</p> <p>7608</p> <p>[5425]</p> <p>71.3%</p> <p>(158)</p>	<p>UH</p> <p>7989</p> <p>[6044]</p> <p>75.7%</p> <p>(66)</p>	
			<p>LVH</p> <p>2053</p> <p>[1821]</p> <p>88.7%</p> <p>(0)</p>	<p>LVH</p> <p>1944</p> <p>[1793]</p> <p>92.2%</p> <p>(1)</p>	<p>LVH</p> <p>2123</p> <p>[1928]</p> <p>90.8%</p> <p>(0)</p>	
			<p>DH</p> <p>1882</p> <p>[1692]</p> <p>89.9%</p> <p>(5)</p>	<p>DH</p> <p>1794</p> <p>[1605]</p> <p>89.5%</p> <p>(12)</p>	<p>DH</p> <p>1929</p> <p>[17]</p> <p>92.4%</p> <p>(8)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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>Mar was 88.9% 2931 (324) now 89% 2937 (323)</p>	<p>89%</p> <p>2937</p> <p>(323)</p>	<p>87.2%</p> <p>2904</p> <p>(373)</p>	<p>87.8%</p> <p>2986</p> <p>(364)</p>	<p>Legend: Non complex discharges within 6 hrs (teal bar), Target Line (red line)</p>
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>% = % treated within 48 hours.</p> <p>n = number of fractures (n) = number < 48 hours [n] = number >48 hours</p>	<p>81%</p> <p>37</p> <p>(30)</p> <p>[7]</p>	<p>84%</p> <p>37</p> <p>(31)</p> <p>[6]</p>	<p>81%</p> <p>31</p> <p>(25)</p> <p>[6]</p>	<p>Legend: % Hip Fractures < 48 hrs (teal bar), Target Line (red line)</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Other Operative Fractures	<p>95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.</p> <p>No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)</p>	<p>% is performance against 48 hour target.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p> <p>{n} = number > 7days</p>	<p>80%</p> <p>85</p> <p>(68)</p> <p>[17]</p> <p>{3}</p>	<p>84%</p> <p>75</p> <p>(63)</p> <p>[12]</p> <p>{1}</p>	<p>82%</p> <p>97</p> <p>(80)</p> <p>[17]</p> <p>{0}</p>	<p>Other Fractures</p> <p>Fractures % < 48hrs Target Line</p>
			<p>10.2%</p> <p>3</p> <p>(28)</p>	<p>13.5%</p> <p>5</p> <p>(37)</p>	<p>13.3%</p> <p>4</p> <p>(30)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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 64 SET CBYL referrals received during May 2016. All were offered appointments within 24 hours.</p> <p>There were also 24 out of Trust patients who attended the Ulster Hospital ED – all were passed on to the relevant Trust's CBYL Service.</p> <p>3 DNA/CNA 3 declined services 1 open to CMHT and followed up by keyworker 1 open to CAT and followed up by key worker</p> <p>% = percentage compliance</p> <p>(n) = number of people who presented with self-harm</p> <p>[n] = number of breaches</p>	100% (68) [0]	100% (59) [0]	100% (64) [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND			
			MAR	APR	MAY				
Cancer Services		<p>% = % who began treatment within 62 days</p> <p>n = number of patients seen</p> <p>(n) = breaches</p> <p>Circumstances can create breaches which are shared with another Trust.</p> <p>In May 2016, 49.5 patients were seen. There were 24 breaches involving 32 patients, of whom 8 were shared.</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Mar was 59%, 58 seen, (23.5) breaches, unchanged</p> <p>April was 46%, 54.5, (29.5), now, 44%, 63 (35)</p>	59%	44%	52%	<p>100 90 80 70 60 50 40 30 20 10 0</p> <p>May-15 June July Aug Sep Oct Nov Dec Jan-16 Feb Mar Apr May</p> <p>62 Day Target Target Line</p>			
		<p>58</p> <p>(23.5)</p>	63	49.5	(24)				
		<p>75.5%</p> <p>[216]</p> <p>180</p> <p>(44)</p> <p>{22}</p>	31%	[248]	171		238	(118)	(201)
	<p>All urgent breast cancer referrals should be seen within 14 days.</p>	<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>	75.5%	31%	15.5%				
	<p>At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.</p>	<p>% = % who began treatment within 31 days</p> <p>n = number of patients</p> <p>(n) = breaches</p>	98.4%	90.0%	94.5%				
			119	126	109				
			(2)	(10)	(6)				

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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% (11) [0]	100% (13) [0]	100% (13) [0]	
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches	90% (10) [1]	66% (9) [3]	77.8% (9) [2]	

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	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Allied Health Professions waits	All < 13 weeks	96.7%	96.4%	96.6%	97%	96.5%	96.6%	96.9%	95.7%	95.7%	96.8%	97.9%	97.3%	96.8%
Complex Discharges	Min. 90% <48hrs (SET TOR)	74.1%	75%	75.3%	76.1%	74.5%	76.2%	74%	79.2%	78.6%	77.5%	67.2%	60.8%	55.5%
	Min. 90% <48hrs (All in SET beds)	74.9%	76.9%	77.5%	79%	73.9%	76.7%	76.2%	78.6%	75.2%	72.1%	60.8%	50.6%	48.3%
		432	385	447	405	442	480	462	452	653	462	316	314	259
	ALL <7days	91.9%	90.9%	92.3%	93%	90%	92.2%	93.7%	92.8%	93.9%	91.7%	84.3%	84.1%	83%
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	Reporting to begin April 2016											84%	80%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	55% (202)	54.6% (208)	48.7% (268)	45.2% (296)	53.1% (242)	53% (238)	54.1% (241)	46.9% (290)	49.5% (261)	65.2% (154)	78.3% (88)	76.4% (90)	78.6% (75)
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Target for 16/17 = TBC	Q1 201 (cum 201)		Q2 530 (cum 731)			Q3 600 (cum 1130)			Reported quarterly in arrears			Reported quarterly in arrears	
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Reporting Commenced May 2016, April figures backdated.											48	49
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	53 (cum 93)	56 (cum 149)	82 (cum 231)	49 (cum 280)	64 (cum 344)	109 (cum 453)	120 (cum 573)	55 (cum 628)	75 (cum 703)	79 (cum 782)	75 (cum 857)	74	79 (cum 153)
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 541, Target = 595)	484	497	506	521	522	523	530	538	536	539	541	544	572
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	Quarter 1 54254 Hours		Quarter 2 52815.75 Hours (cum 107069.75 Hours)			Quarter 3 54045.5 Hours (cum 161115.25 hours)			Quarter 4 55414.5 Hours (cum 216529.75 Hours)			Reported Quarterly from June 2016	

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Assess and Treat Older People	All assessments completed <5 wks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	95.2 (2)	100%	100%	98% (1)	100%	100%	100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs) (n) = breaches	95.5% (3)	94.2% (4)	93.7% (5)	88.2% (7)	86.8% (9)	91.7% (4)	95.4% (2)	96.2% (2)	96.4% (2)	95% (3)	94.7% (2)	91.3% (4)	98.2% (1)
Orthopaedic ICATS	By March 2017, 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). (n) = breaches	>9 wks	1 st Quarter 64.3% (585)		2 nd Quarter 56.7% (648)		3 rd Quarter 70.1% (330)		4 th Quarter 82.3% (378)		89.7% (8)	66.6% (11)		
		>52wks	1 st Quarter 94.1 (97)%		2 nd Quarter 93.2% (102)		3 rd Quarter 96.6% (38)		4 th Quarter 99.0% (19)		100% (0)	100% (0)		

PRIMARY CARE AND OLDER PEOPLE SERVICES

Directorate KPIs & SQE Indicators

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY	
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	51%	52%	42%	44%	47%	31%	36.2%	39%	47%	50%	49%	43%	47%	
	20% increase in number of staff using E-NISAT. Baseline = 140 Target = 168 / mth	142	150	154	138	135	135	148	118	130	149	138	142	174	
	By March 2017, secure a 10% increase in the number of direct payments (Elderly) (March 16 figure = 71 target = 78)	71	74	72	77	75	73	72	73	70	69	71	75	87	
	District Nursing Caseload Allocation Compliance No more than 50 unactioned in each locality	North Down	Reporting to commence in October					20	1	6	0	0	0	3	0
		Ards						11	0	17	0	0	0	0	
Down		55						2	3	0	0	0	0		
Lisburn		8						2	2	0	0	2	0	0	

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	12	11	13	13	15	10	12	16	11	14	20	19	13
	What % were responded to within the 20 day target? (target 65%)	58%	45%	62%	54%	67%	50%	58%	63%	73%	71%	55%	68%	62%
	How many were outside the 20 day target?	5	6	5	6	5	5	5	6	3	4	9	6	5
Freedom of Information Requests	How many FOI requests were received this month?	0	3	0	1	1	1	3	2	0	1	0	3	2
	What % were responded to within the 20 day target? (target 100%)	n/a	33%	n/a	0%	100%	100%	67%	50%	n/a	0%	n/a	100%	50%
	How many were outside the 20 day target?	0	2	0	1	0	0	1	1	0	1	0	0	1

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																												
			MAR	APR	MAY																													
AHP Waits	<p>No patient to wait longer than 13 weeks from referral to commencement of treatment</p>	<p>At 31st May 2016 of 9120 patients on the AHP waiting list, 200 are waiting longer than 13 weeks.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <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>4657</td> <td>46</td> <td>99%</td> </tr> <tr> <td>OT</td> <td>1297</td> <td>65</td> <td>95%</td> </tr> <tr> <td>Orthoptics</td> <td>294</td> <td>5</td> <td>98.3%</td> </tr> <tr> <td>Podiatry</td> <td>1038</td> <td>0</td> <td>100%</td> </tr> <tr> <td>S&LT</td> <td>864</td> <td>104</td> <td>88%</td> </tr> <tr> <td>Dietetics</td> <td>970</td> <td>70</td> <td>92.8%</td> </tr> </tbody> </table> <p style="text-align: center;">[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >13 wks	Compliance	Physio	4657	46	99%	OT	1297	65	95%	Orthoptics	294	5	98.3%	Podiatry	1038	0	100%	S<	864	104	88%	Dietetics	970	70	92.8%	<p>97.9%</p> <p>[8688]</p> <p>(185)</p>	<p>97.3%</p> <p>[8698]</p> <p>(233)</p>	<p>96.8%</p> <p>[9120]</p> <p>(200)</p>	<p style="text-align: center;">■ 13 Week ■ Target Line</p>
Service	No on W/L	Waiting >13 wks	Compliance																															
Physio	4657	46	99%																															
OT	1297	65	95%																															
Orthoptics	294	5	98.3%																															
Podiatry	1038	0	100%																															
S<	864	104	88%																															
Dietetics	970	70	92.8%																															
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>Apr was 60.6% (83) now 60.8 (83)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> • No Domiciliary Care Package • Patient / Family resistance 	<p>67.2%</p> <p>(62)</p>	<p>60.6%</p> <p>(83)</p>	<p>55.5%</p> <p>(80)</p>	<p style="text-align: center;">■ SET Resident ■ All in SET Beds ■ Target Line</p>																												

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																										
			MAR	APR	MAY																																											
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>Apr was 48.7% (302) now 50.6% (314)</p> <p>There were also corresponding changes in the Trust of residence figures.</p>	<p>60.8%</p> <p>(316)</p> <p>>48 hrs By Trust of res</p> <p>SET 71 BT 49 ST 1 NT 3</p>	<p>50.6%</p> <p>(314)</p> <p>>48 hrs By Trust of res</p> <p>SET 97 BT 53 ST 2 NT 2 NA 1</p>	<p>48.3%</p> <p>(259)</p> <p>>48 hrs By Trust of res</p> <p>SET 85 BT 47 ST 1 NA 1</p>	<p>Reported numbers of complex discharges have decreased as the Trust strives to adhere more closely to HSCB guidance.</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>84.5%</p> <p>316</p> <p>(49)</p> <p>SET 20 BT 27 ST 1 NT 1</p>	<p>84.1%</p> <p>302</p> <p>(48)</p> <p>SET 21 BT 24 ST 2 NT 1</p>	<p>83%</p> <p>259</p> <p>(44)</p> <p>SET 23 BT 20 NA 1</p>	<table border="1" style="display: none;"> <caption>Bar Chart Data: SET Residents vs Target Line</caption> <thead> <tr> <th>Month</th> <th>SET Residents (%)</th> <th>Target Line (%)</th> </tr> </thead> <tbody> <tr><td>May-15</td><td>91</td><td>90</td></tr> <tr><td>June</td><td>90</td><td>90</td></tr> <tr><td>July</td><td>91</td><td>90</td></tr> <tr><td>Aug</td><td>90</td><td>90</td></tr> <tr><td>Sep</td><td>90</td><td>90</td></tr> <tr><td>Oct</td><td>90</td><td>90</td></tr> <tr><td>Nov</td><td>91</td><td>90</td></tr> <tr><td>Dec</td><td>91</td><td>90</td></tr> <tr><td>Jan-16</td><td>91</td><td>90</td></tr> <tr><td>Feb</td><td>90</td><td>90</td></tr> <tr><td>Mar</td><td>83</td><td>90</td></tr> <tr><td>Apr</td><td>83</td><td>90</td></tr> <tr><td>May</td><td>83</td><td>90</td></tr> </tbody> </table>	Month	SET Residents (%)	Target Line (%)	May-15	91	90	June	90	90	July	91	90	Aug	90	90	Sep	90	90	Oct	90	90	Nov	91	90	Dec	91	90	Jan-16	91	90	Feb	90	90	Mar	83	90	Apr	83	90	May	83	90
Month	SET Residents (%)	Target Line (%)																																														
May-15	91	90																																														
June	90	90																																														
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Nov	91	90																																														
Dec	91	90																																														
Jan-16	91	90																																														
Feb	90	90																																														
Mar	83	90																																														
Apr	83	90																																														
May	83	90																																														

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					TREND
			Q3	Q4	Q1 15/16	Q2 15/16	Q3 15/16	
Unplanned Admissions	By March 2016 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	13/14 Baseline = 1688 14/15 Target = 1604 15/16 Target = 1520 Reporting in arrears – Q4 figures will be available in June report.	518 (cum 1464)	547 (cum 2011)	201 (cum 201)	530 (cum 731)	600 (cum 1130)	

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Direct Payment	By March 2017, secure a 10% increase in number of Direct Payment cases across all programmes of care (March 16 figure = 541 Target = 595 and is shared with Adult Services)		541	544	572	<p>The chart displays monthly data for Direct Payments (blue bars) and a constant Target (red line) of 595. The X-axis labels are May-15, Jun, Jul, Aug, Sept, Oct, Nov, Dec, Jan-16, Feb, Mar, Apr, May. The Y-axis represents the number of cases, ranging from 0 to 700. Direct Payments are consistently below the target line, with a slight increase in April and May, but still remaining below the 595 target.</p>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Long-Term Conditions	By March 2017, deliver 78,000 Monitored Patient Days (equivalent to approx 550 patients – this number could be less if more expensive packages are being utilised) from the provision of remote tele-monitoring services through the Tele-monitoring NI contract.	For 2016-17, a target of 78,000 patient target days was in place for the South Eastern Trust. Monthly target 6500 MPD MPD = Monitored Patient Days	TF3 In month 6340 MPD 105%	TF3 In month 5963 MPD 91.7%	Data TF3 In month 6162 MPD 94.8%	No of patients in May benefiting from remote telemonitoring = 200 patients
		If there is a shortfall towards the end of the year we will be able to utilise u-tell activity. n = Monitored Patient Days per month Monthly target = 6500 MPD	Inc U-Tell: In month 7518 124% Cum 86400 111%	Inc U-Tell: In month 7013 124% Cum 7013 124%	Data not available at current time	
Long-Term Conditions	By March 2017, 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.	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 6906 MCDs 69% Cum 73,327 MCD 81%	In Month 6987 MCDs 93% Cum 6987 MCD 93%	In Month 7415 MCDs 98.7% Cum 14402 MCD 95.9%	Monitoring for Telecare shows 23 referrals in May with 14 installs and 6 de-installs due to deaths or admission to Residential or PNH. The number of patients benefiting from remote telecare monitoring = 243 clients (increase of 8 patients on previous month).

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	Reporting to begin in April 2016											84%	80%
GP Out of Hours	100% of less urgent calls triaged within 1 hour	Reporting to begin in April 2016											71%	71%
GP Out of Hours	Total calls in the period	9718	7527	7677	8245	7363	8483	8616	9952	9796	8456	10860	8603	9657

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Reporting Commenced May 2016, April figures backdated.											4	4
Adult MH Services waits	All < 9 weeks	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	98.4%	100%	100%	100%
Discharge and Follow-up	99% < 7days of decision to discharge	100%	99%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	2	6	7	3	4	3	5	5	3	2	3	4	4
	All follow-up < 7 days from discharge	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services– HSC Indicators of Performance

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Young people in adult wards	Number of inpatients in adult Mental Health wards under 18 years	0	0	0	0	0	0	0	1	0	0	0	0	0
	Percentage of all inpatients in adult Mental Health wards under 18 years	0	0	0	0	0	0	0	0	0	0	0	0	0

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY	
Mental Health	By March 2017, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	Reporting Commenced May 2016											15	12	
	100% of Mental Health records to be available for outpatient clinics.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	95% of GP Assessment Centre Letters to be posted with 10 days.	Down 73.7%	Down 57%	Down 95%	Down n/a	Down 96%	Down 100%	Down 99%	Down 97%	Down 100%	Down 99%	Down n/a	Down 100%	Down 100%	
		Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%
		NDA 100%	NDA 100%	NDA 100%	NDA* 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 97%	NDA 97%	NDA 100%	NDA 98.5 %	NDA 100%	

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	2	1	3	4	10	2	5	2	2	4	5	5	1
	What % were responded to within the 20 day target? (target 65%)	100%	100%	100%	75%	100%	100%	80%	100%	100%	100%	20%	40%	100%
	How many were outside the 20 day target?	0	0	0	1	0	0	1	0	0	0	4	3	0
Freedom of Information Requests	How many FOI requests were received this month?	1	0	1	1	0	1	0	1	1	0	0	1	1
	What % were responded to within the 20 day target? (target 100%)	100%	n/a	0%	100%	n/a	0%	n/a	100%	100%	n/a	n/a	100%	0%
	How many were outside the 20 day target?	0	0	1	0	0	1	0	0	0	0	0	0	1

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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 style="text-align: center;">% = % compliance (n) = number on waiting list [n] = number waiting > 9 weeks</p>	100% (601) [0]	100% (561) [0]	100% (577) [0]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 66 discharges in May 2016, 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 4 delayed discharges in May 2016 – all pending accommodation and this is now being monitored through the Ward Social Workers who report to the Clinical Manager for Mental Health.	3	4	4	
	All discharged patients due to receive a continuing care plan in the community to receive a follow-up visit within 7 days of discharge.	<p>There were 57 SET discharges in May 2016 for follow up within 7 days. All were offered appointments within 7 days.</p> <p>Awaiting feedback re 5 internally and 2 from Southern Trust.</p>	100%	100%	100%	
Resettlement	By March 2015, resettle the remaining long-stay patients in psychiatric hospitals to appropriate places in the community.	Remaining long-stay population have now been resettled and the PFA target has been met in full. This has been acknowledged by Linus McLaughlin at HSCB.	Target Met	Target Met	Target Met	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Discharge	99% <7days of decision to discharge	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	9	9	10	10	11	13	12	11	13	13	12	12	11
	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.	Reporting Commenced May 2016, April figures backdated.											34	34
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	484	497	506	521	522	523	530	538	536	539	540	544	572

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	Zero return	Zero return	100%	100%	Zero return	100%	100%	Zero Return	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	100%	Zero return	100%	100%	0% (1)	100%	100%	Zero Return	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Adult Learning Disability / Adult Disability	By March 2017, secure a 10% increase in the number of direct payments (Physical and Sensory Disability) March 16 = 189 Target = 207	Reporting commenced May 2016											191	205
	By March 2017, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	Reporting commenced May 2016											263	264
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	3 (cum 4)	3 (cum 7)	2 (cum 9)	4 (cum 13)	2 (cum 15)	2 (cum 17)	1 (cum 18)	2 (cum 20)	3 (cum 23)	1 (cum 24)	1 (cum 25)	1	3 (cum 4)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	100%	98%	97%	100%	100%	96.5%	97%	100%	94%	94%	100%	94%

		Quarter 4 (14/15)	Quarter 1 (15/16)	Quarter 2 (15/16)	Quarter 3 (15/16)	Quarter 4 (15/16)
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)	4 th Quarter 94 (cum total 423)	1 st Quarter 105 (cum 105)	2 nd Quarter 76 (cum 181)	3 rd Quarter 127 (cum 308)	4 th Quarter 114 (cum 422)
	Increase provision of alternative to bed based short breaks. Baseline = 14,800 hrs (3,700 / quarter)	4 th Quarter 4118 hrs (cum 19,368)	1 st Quarter 4275.5 hours	2 nd Quarter 7095 hours (Cum 11,370.5)	3 rd Quarter 8035 hours (Cum 19,405.5)	4 th Quarter 8239.5 (Cum 27645)
	Achieve minimum 88% internal environment cleanliness target.	91%	84%	97%	89%	93%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			MAR	APR	MAY																												
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 April.	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. This is an improvement on the total of 12 delayed discharges last month. n = number awaiting discharge (n) = breaches	12 (12)	12 (12)	11 (11)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Mar</th> <th>Apr</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>0-7</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>8-28</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>29-90</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>91-365</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>>365</td> <td>6</td> <td>6</td> <td>5</td> </tr> <tr> <td>Total</td> <td>12</td> <td>12</td> <td>11</td> </tr> </tbody> </table>	Delay in days	Mar	Apr	May	0-7	0	0	0	8-28	0	0	0	29-90	1	1	0	91-365	5	5	6	>365	6	6	5	Total	12	12
Delay in days	Mar	Apr	May																														
0-7	0	0	0																														
8-28	0	0	0																														
29-90	1	1	0																														
91-365	5	5	6																														
>365	6	6	5																														
Total	12	12	11																														
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		16	16																												
		Learning Disability		18	18																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	99.7% (1)	100% (0)	99.6% (1)	100% (0)	99% (3)	100% (0)	99.7% (1)	99.3% (2)	99.6% (1)	100% (0)	100% (0)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	99% (3)	99.6% (1)	99.3% (2)	98.9% (3)	99.2% (2)	97.4% (8)	96.6% (10)	100% (0)	97.3% (8)	98.6% (4)	100% (0)	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%	99%
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%
Routine Medical Appointments	Following Triage by Healthcare staff, where a prisoner is found to require a non-urgent appointment with a doctor this will be accommodated within 14 days.	87%	89%	92.8%	93.5%	92.9%	97.4%	93.9%	97.8%	96%	87.1%	90%	93.5%	98.9%
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%	43% (8)	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

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

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			MAR	APR	MAY																								
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.	99.6%	100%	100%																								
		245	320	339																									
		(1)	(0)	(0)																									
	All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.	% = performance n = total committals (n) = breaches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th>Mar</th> <th>Apr</th> <th>May</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;">245</td> <td style="text-align: center;">264</td> <td style="text-align: center;">282</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;">0</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank*</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">71</td> <td style="text-align: center;">56</td> <td style="text-align: center;">57</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> </tbody> </table>			Mar	Apr	May	Maghaberry	Committals	245	264	282	Breaches	0	0	0	Hydebank*	Committals	71	56	57	Breaches	0	0	1	100%	100%	99.7%	
		Mar	Apr	May																									
Maghaberry	Committals	245	264	282																									
	Breaches	0	0	0																									
Hydebank*	Committals	71	56	57																									
	Breaches	0	0	1																									
		316	320	339																									
		(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%	99%	Patient Choice – Transfer Health Screen Refused.																							
		77	76	103																									
		(0)	(0)	(1)																									
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%																								
		58	72	44																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Routine Medical Appointments	Following triage by Healthcare staff, where a prisoner is found to require a non-urgent appointment with a doctor this will be accommodated within 14 days.	% = performance n = total appointment requests (n) = breaches	90% 739 [74]	93.5% 727 [47]	98.9% 747 [8]	
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	% = Compliance (n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team. [n] = number of prisoners waiting >9wks for appointment	100% (13) [0]	100% (10) [0]	100% (11) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR	MAY
Psychological Therapies waits	All < 13 weeks	47.4%	51.9%	51.8%	48.7%	41.3%	41.4%	41.8%	42.9%	41.8%	38.6%	46%		44.6%	45.7%

Adult Services Directorate – Clinical Psychology Services – KPIs

	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR	MAY
Direct Contacts (cum)	1949 (4349)	2151 (6500)	1493 (7993)	1618 (9611)	1985 (11,596)	2200 (13,796)	1986 (15,782)	1527 (17,309)	2117 (19,426)	2204 (21,630)	1878 (23,508)		2129	2163 (4292)
Consultations (cum)	116 (221)	105 (326)	59 (385)	101 (486)	94 (580)	90 (670)	89 (759)	67 (826)	96 (922)	91 (1013)	88 (1101)		68	119 (187)
Supervision - Hours (cum)	129.5 (257)	141 (398)	85 (483)	92 (575)	122.5 (697.5)	104.5 (802)	102 (904)	93 (997)	138 (1135)	101 (1236)	94.5 (1330.5)		120	135 (255)
Staff training - Hours (cum)	100 (196.5)	117 (313.5)	74.5 (388)	82 (470)	143.5 (613.5)	137.5 (751)	127 (878)	80 (958)	132.5 (1090.5)	106 (1196.5)	317 (1513.5)		158	113 (271)
Staff training - Participants (cum)	319 (530)	310 (840)	165 (1005)	119 (1124)	322 (1446)	273 (1719)	390 (2109)	212 (2321)	337 (2658)	331 (2989)	372 (3361)		394	221 (615)

Adult Services Directorate – Psychology Services - Corporate Issues

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

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																			
			MAR	APR	MAY																																				
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	46.0% 1049 [566]	44.6% 1126 [624]	45.7% 1106 [601]	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Breaches</th> <th style="width: 10%;">Mar</th> <th style="width: 10%;">Apr</th> <th style="width: 10%;">May</th> </tr> </thead> <tbody> <tr> <td>Adult Mental Health</td> <td style="background-color: red;">304</td> <td style="background-color: red;">337</td> <td style="background-color: red;">308</td> </tr> <tr> <td>Older People</td> <td style="background-color: red;">29</td> <td style="background-color: red;">29</td> <td style="background-color: red;">28</td> </tr> <tr> <td>Adult Learn Dis</td> <td style="background-color: red;">35</td> <td style="background-color: red;">37</td> <td style="background-color: red;">34</td> </tr> <tr> <td>Children's Learn Dis</td> <td style="background-color: red;">17</td> <td style="background-color: red;">17</td> <td style="background-color: red;">19</td> </tr> <tr> <td>Adult Health Psych</td> <td style="background-color: red;">180</td> <td style="background-color: red;">204</td> <td style="background-color: red;">212</td> </tr> <tr> <td>Children's Psych</td> <td style="background-color: red;">1</td> <td style="background-color: green;">0</td> <td style="background-color: green;">0</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="background-color: red;">566</td> <td style="background-color: red;">624</td> <td style="background-color: red;">601</td> </tr> </tbody> </table>				Breaches	Mar	Apr	May	Adult Mental Health	304	337	308	Older People	29	29	28	Adult Learn Dis	35	37	34	Children's Learn Dis	17	17	19	Adult Health Psych	180	204	212	Children's Psych	1	0	0	Total	566	624	601
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CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR	MAY
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (7)	75% (4)	100% (2)	100% (2)	n/a (0)	100% (2)	100% (3)	100% (2)	100% (1)	100% (2)	100% (2)		100% (2)	100% (3)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	85.7% (1)	83.3% (1)	83.3% (1)	100% (0)	70% (3)	73.3% (4)	100% (0)	100% (0)	100% (0)	100% (0)	77.8% (2)		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)	96.6% (3)	100% (0)	100% (0)	100% (0)	100% (0)		100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100%	100%	97.6% (2)	100% (0)	100% (0)	87.8% (9)	95.2% (3)	77.4% (7)	85.2% (9)	76.3% (18)	76.4% (17)		100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	87.5% (2)	95.5% (1)	96.4% (1)	100% (0)	90.5% (2)	93.8% (2)	93.8% (1)	86.7% (2)	76.5% (4)	83.3% (3)	82.6% (4)		93.8% (2)	64.7% (6)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	92.9% (1)	84.2% (3)	93.3% (1)	63.6% (4)	100% (0)	100% (0)	100% (0)	86.7% (2)	100% (0)	100% (0)	83.3% (2)		100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	91% (18)	86% (33)	88.3% (23)	91.2% (15)	97.6% (5)	89.4% (25)	95.8% (8)	100% (0)	96.6% (7)	89.3% (21)	90.3% (17)		85.8% (28)	84.6% (34)
	All Family support initial assessment completed <10 days of allocation	38.7%	41.6%	33.1%	29.9%	33.8%	26.4%	26%	35.9%	27%	29.2%	27.6%		20%	26.2%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	96.3% (1)	90.2% (5)	83.5% (19)	69.2% (16)	51.9% (25)	64.3% (20)	71.4% (8)	89.2% (4)	54.7% (34)	40.3% (46)	56.9% (25)		34.5% (38)	59.6% (19)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	54.3% (63)	65.2% (48)	58.8% (61)	63.1% (55)	54.1% (56)	59.1% (54)	63.4% (48)	67.7% (43)	74.8% (30)	75% (27)	77.5% (18)		76.3% (22)	81.1% (10)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	87.5% (4)	100% (0)	100% (0)	87% (6)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)		94.5% (4)	73.4% (21)
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	184	211	204	174	165	151	139	153	155	147	179		188	229

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY 15	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR	MAY	
Fostering	Number of Mainstream Foster Carers	308	299	300	305	302	310	310	315	321	326	322	323	319	
	Number of children with Independent Foster Carers	15	15	18	18	17	18	23	23	21	18	18	18	20	
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	93.2%	95.1%	94.1%	94.6%	91.6%	92%	94.5%	Reported 6 mths in arrears						
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Quarter 1	97.7%	Quarter 2 97.8%			Quarter 3 97.8%			Reported Quart in arrears				Reported Quart in arrears	
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% by March 2014 (reporting is 2 mths in arrears)	50.6%	53.4%	54.6%	46.2%	48.1%	52%	50.9%	50.3%	45.1%	48.2%	51.4%	Reported 2 mths in arrears		
Safeguarding	Total Unallocated Cases at month end	279	305	272	249	236	214	215	250	287	259	281	289	315	
	Family Centre Waiting List at month end	25	21	23	21	20	15	14	14	4	5	13	14	6	
Care Leavers	At least 75% aged 19 in education, training or employment	70%	70%	75%	71%	76%	71%	69%	72%	76%	76%	77%	75%	71%	

Children's Services - Corporate Issues

Service Area	Indicator	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR
Complaints	How many complaints were received this month?	9	10	12	6	11	5	11	6	3	1	10	4	8
	What % were responded to within the 20 day target? (target 65%)	44%	50%	58%	33%	55%	40%	45%	67%	33%	0%	20%	25%	25%
	How many were outside the 20 day target?	5	5	5	4	5	3	6	2	2	1	8	3	6
Freedom of Information Requests	How many FOI requests were received this month?	1	2	4	3	1	1	4	0	1	7	4	1	1
	What % were responded to within the 20 day target? (target 100%)	0%	50%	25%	0%	100%	0%	25%	n/a	0%	0%	25%	100%	0%
	How many were outside the 20 day target?	1	1	3	3	0	1	3	0	1	7	3	0	1

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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>There were three children admitted to care during May 2016.</p> <p>All placements were subject to formal assessment and went through the Children's Resource Panel.</p>	<p>100%</p> <p>(2)</p>	<p>100%</p> <p>(2)</p>	<p>100%</p> <p>(3)</p>	
	<p>For every child taken into care, a plan for permanence and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.</p>	<p>There were 22 children taken into care during November 2015. Two children were respite / shared care, 10 children were discharged from care.</p> <p>Of the remaining 10 children, 10 had a permanence plan in place at the end of May 2016.</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>77.8%</p> <p>9</p> <p>(2)</p>	<p>100%</p> <p>19</p> <p>(0)</p>	<p>100%</p> <p>10</p> <p>(0)</p>	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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% 82 [82]	100% 77 [77]	100% 81 [81]	
	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.	76.4% (72) [55]	100% (71) [71]	100% (73) [73]	
	Following the completion of the initial child protection assessment, a child protection case conference to be held within 15 working days of the original referral being received.	% = % compliance (n) = number of initial case conferences held [n] = number within 15 days	82.6% (23) [19]	93.8% (32) [30]	64.7% (17) [11]	6 breaches – for 3 case conferences no quorum was available due to outside agencies not attending, for 2 no APSW and on one occasion the social worker was on sick leave.
	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.	83.3% (12) [10]	100% (23) [23]	100% (18) [18]	
	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	90.3% (175) [158]	85.8% (297) [169]	84.6% (221) [187]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND									
			MAR	APR	MAY										
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	27.6% (123) [34]	20% (145) [29]	26.2% (183) [48]										
	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.	56.9% (58) [33]	34.5% (58) [20]	59.6% (47) [28]										
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st May 2016, 53 children were on the waiting list specifically for diagnostic assessment for ASD. 10 children waiting > 13 wks (Longest wait 181 Days) % = compliance (n) = breaches	71% <13 wks (18)	76.3% <13 wks (22)	81.1% <13 wks (10)	<p>Assessment within 13 wks (teal bars), Target Line (red line)</p>									
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st May 2016 - total waiters:- <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">0 – 4 wks</td> <td style="text-align: center;">16</td> </tr> <tr> <td>>4 – 8 wks</td> <td style="text-align: center;">27</td> </tr> <tr> <td>>8 – 13 wks</td> <td style="text-align: center;">15</td> </tr> <tr> <td>> 13 wks</td> <td style="text-align: center;">21</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">79</td> </tr> </table> Longest wait = 137 days % = compliance (n) = breaches	0 – 4 wks	16	>4 – 8 wks	27	>8 – 13 wks	15	> 13 wks	21	Total	79	100% (0)	94.5% (4)	73.4% (21)
0 – 4 wks	16														
>4 – 8 wks	27														
>8 – 13 wks	15														
> 13 wks	21														
Total	79														

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE				PERFORMANCE			TREND						
						MAR	APR	MAY							
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days				179	188	229							
		(n) = total awaiting allocation at 31 st May 2016													
		Gateway	Disability	FIT	TOTAL										
		102 (162)	0 (5)	127 (148)	229 (315)				(281)	(289)	(315)				
								< 1 wk	13	0	4	17			
								1-4 wks	47	5	17	69			
								4-8 wks	39	0	31	70			
								> 8 wks	63	0	96	159			
								Total	162	5	148	315			

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: 275 individuals enrolled in the service by March 2016	62	43 (cum 105)	76 (cum 181)	129 (cum 310)	
		Target: 60% Quit rate at 4 weeks n = number quit at 4 wks % = Quit rate	43 69.4%	31 72.1%	57 75%	109 84.5%	
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: 88 individuals enrolled in the service. n = number enrolled	16	15 (cum 31)	28 (cum 59)	61 (cum 120)	
		Target: 60% Quit rate at 4 weeks (n) = number enrolled n = number quit at 4 wks % = Quit rate	10 62.5%	12 80%	23 82%	48 78.7%	

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	525	518	502	524	
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	10 (cum 10)	25 (cum 35)	30 (cum 65)	20 (cum 85)	

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND						
			Q1	Q2	Q3	Q4							
Absenteeism	Improve sick absence rates by 2.5% on 2014/15 levels	15/16 Target = 6.5%	4.97% (cum)	6.49% (cum)	6.64% (cum)	6.72% (cum)							
Investors In People	By March 2016 100% of Hospital Services and 75% of Adult Services to maintain IIP accreditation using an internal review approach.	Trust wide accreditation maintained using Internal Review approach 2014/17. A rolling programme is in place and endorsed by EMT. Corporate Directorates successfully achieved post recognition review January 2015.	Hospital 100%	Hospital 100%	Hospital 100%	Hospital 100%							
			Adults 0%	Adults 0%	Adults 75%	Adults 75%							
Induction	By March 2016, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	A blended approach is used for Corporate Induction which means that all new starts must complete an eLearning module and then a classroom session.	64% (cum)	71% (cum)	75% (cum)	73% (cum)	Q4: 2014-15 = 66% Q4: 2013-14 = 79% Q4: 2012-13 = 79% Classroom induction attended by 90% of new staff within 3 months of their start date						
KSF Appraisal	Improve take-up in annual appraisal of performance during 2015/16 by 5% on previous year ie 41% by end March 16.	New recording mechanism allows for breakdown by Directorate and by named managers. <table border="1" data-bbox="721 1198 1048 1297"> <thead> <tr> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>30%</td> <td>33%</td> <td>42%</td> </tr> </tbody> </table> (Rolling total Apr 15 – Mar 16 = 42%)	Jan	Feb	Mar	30%	33%	42%	8% (cum)	16% (cum)	27% (cum)	42% (cum)	Q4: 2014-15 = 39% Q4: 2013-14 = 38% Q4: 2012-13 = 30%
Jan	Feb	Mar											
30%	33%	42%											

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
KSF Appraisal	By March 2016, 95% of Medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. Their appraisal year runs Jan – Dec.	98%	45%	94%	96%	
E-Learning	To increase the use of e-Learning by 15% for Training by March 2016.	Due to move to new platform Aug/Sept 15 which it is anticipated will increase access and capacity and improve reporting information.	21%	9%	12%	9%	Q4 2014/15 -3%
Equality	To increase levels of ethnic monitoring in CHS, PAS, Soscare, SureStart and NIMATS to 50% by March 2016, supported by information packs and training materials.	Improved data regarding BME service users to include potential gaps. Launch of Guide on Ethnic Monitoring of Service Users in HSC (NI).	45%	50%	75%	100%	The Trust continues to implement Ethnic Monitoring in the following systems : CHS, PAS, Soscare, SureStart and NIMATS. The Guide on Ethnic Monitoring of Service Users has been circulated in the Trust and placed on the Equality and Human Rights Department page on the Trust's Intranet along with existing staff and client resources.
	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%	100%	All Trust policies are Equality Screened and the QSR published on Trust Website

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Recruitment	By March 2016, to improve recruitment times to 25 days from date released from Scrutiny to Final Offer – excluding Access NI & Occupational Health.		33 days	30 days	34 days	30 days	Slight improvement due urgent need to get Nursing Assistants in to post. Recruitment team have been under pressure due to anticipated transfer to Shared Services
Bank	By March 2016 reduce Agency usage within all Corporate Bank Users to 15% and increase Bank usage to 85%.	Q1 15 – Prison Health incorporated June 15, inherited Agency reduced % from 88% in April / May 15 to 81% June 15.	Bank 85.7%	Bank 79%	Bank 79%	Bank 83%	
	By March 2016 to increase the Users of the Corporate Bank Service by 25%.	Q1 2015 starting point – 98 Units using Corporate Bank.	Agency 14.3%	Agency 21%	Agency 21%	Agency 17%	
			5.1% Increase in new users	2% Increase in new users	5% Increase in new users	20.8% Increase in new users	33% Cumulative increase in new users.
HRPTS	80% of Trust staff population to be actively using HRPTS on a day to day basis by end of March 2016. (Includes both ESS & MSS usage. Does not refer to Bank and other excluded groups)	20% fall outside ICT infrastructure – approx. 2000 staff. Only 4% of medical staff are using HRPTS due to ongoing difficulties with reporting structures. Work continues to reduce the number of staff with no access.	54%	56%	61%	63%	In total, 74% of staff now have access to HRPTS but 11% of them are not using it on a regular basis. While the trend for deployment is upward, promoting further use of the system is proving difficult. Further implementation of online only payslips should contribute to increasing use. Ongoing work to reduce the number of staff with no access is slow but promising.

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
	100% of HRPTS users to be using online travel claims by March 2016 (Substantive posts only)	These figures represent the proportion of ESS online claims vs. manual submissions (now available in the monthly Customer Forum Report). It is not yet possible to determine if <u>all</u> staff with HRPTS access are submitting travel online although SS Travel rules include returning paper submissions to claimants they know have system access.	59%	64%	68%	73%	
HRPTS	100% of HRPTS users to be accessing payslips online by March 2016 (excludes special provisions for L-Term leave, etc.)	Paper payslips were discontinued for just over 1500 users at the end of November 2015. Further users will be included on a phased basis.	Info not available		20% of users	31%	Delays to this process have caused the end of year shortfall but the trend is upward and it should still be possible to achieve the 100% target over time.
Staff Well-Being	To increase the number of staff engaging in the physical activity programmes by 5% year on year.	Baseline 2013/14 = 2411 Target 2014/15 = 2531	632	308 (cum 940)	775 (cum 1715)	824 (cum 2539)	Limited classes held in Quarter 2 97 staff attended Mindfulness Sessions
	To deliver four staff health checks as part the Leap Forward initiative		No data available	No data available	48 staff attended	67 staff attended	

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31 st March 2016	For 2015/16 the organisation is currently forecasting a deficit position which is within break even tolerance levels.					