

Performance Management Framework

Corporate Scorecard

April 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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.05.2017.

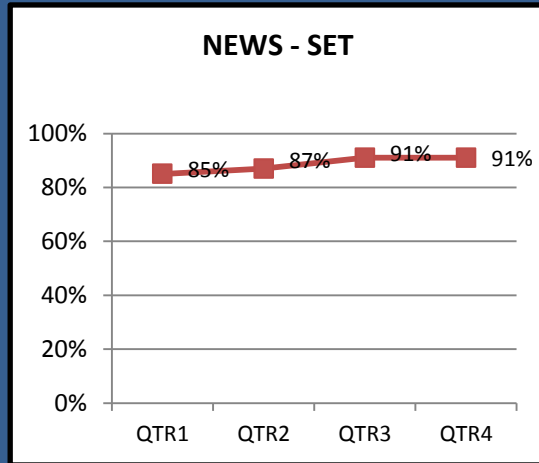
SAFE AND EFFECTIVE CARE APRIL 2017

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.05.2017.

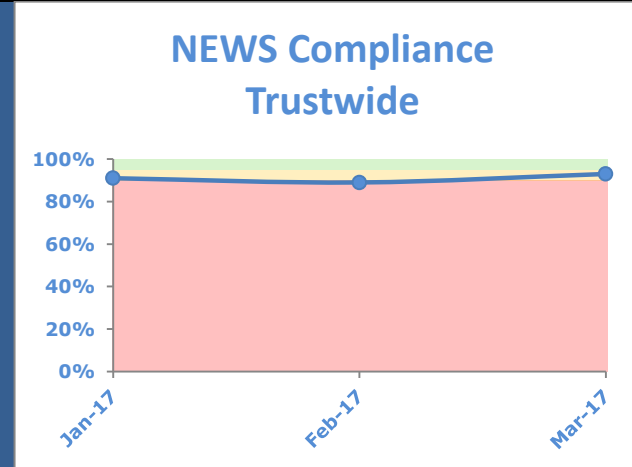
Description

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

Aggregate position



Trend



Variation

Lowest compliance questions:
 'Part 1: Observations recorded to this frequency?' 96%

'If NEWS score is above 5: is the frequency of the observations amended to reflect the NEWS score?' 96%

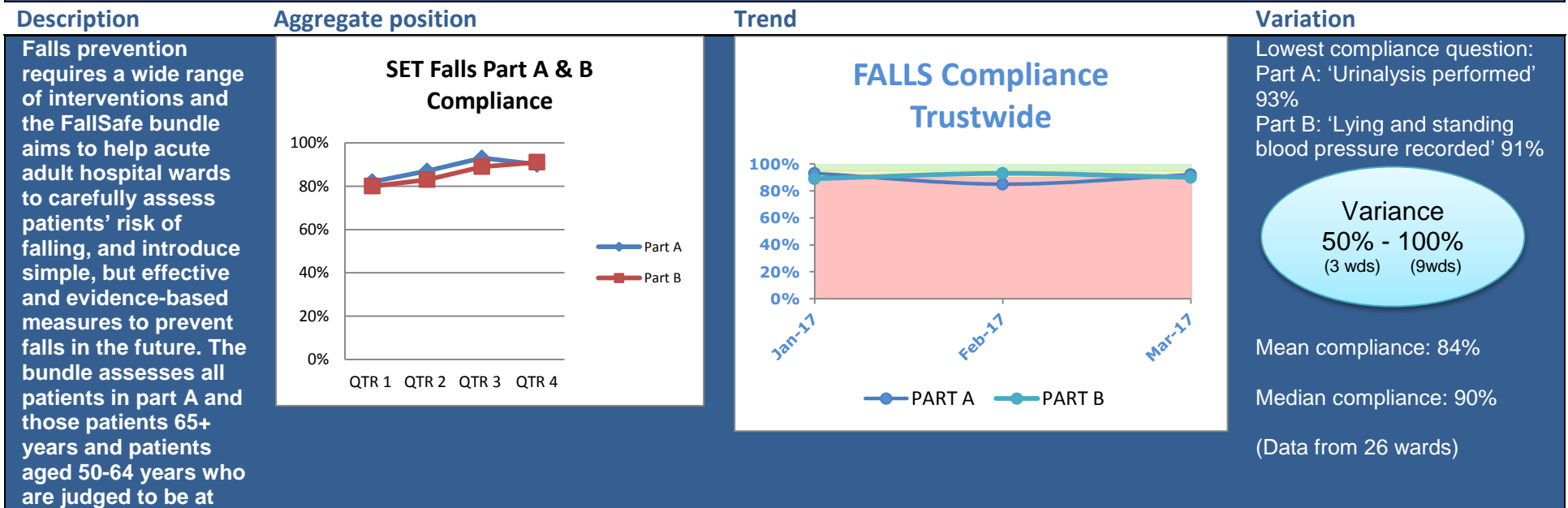
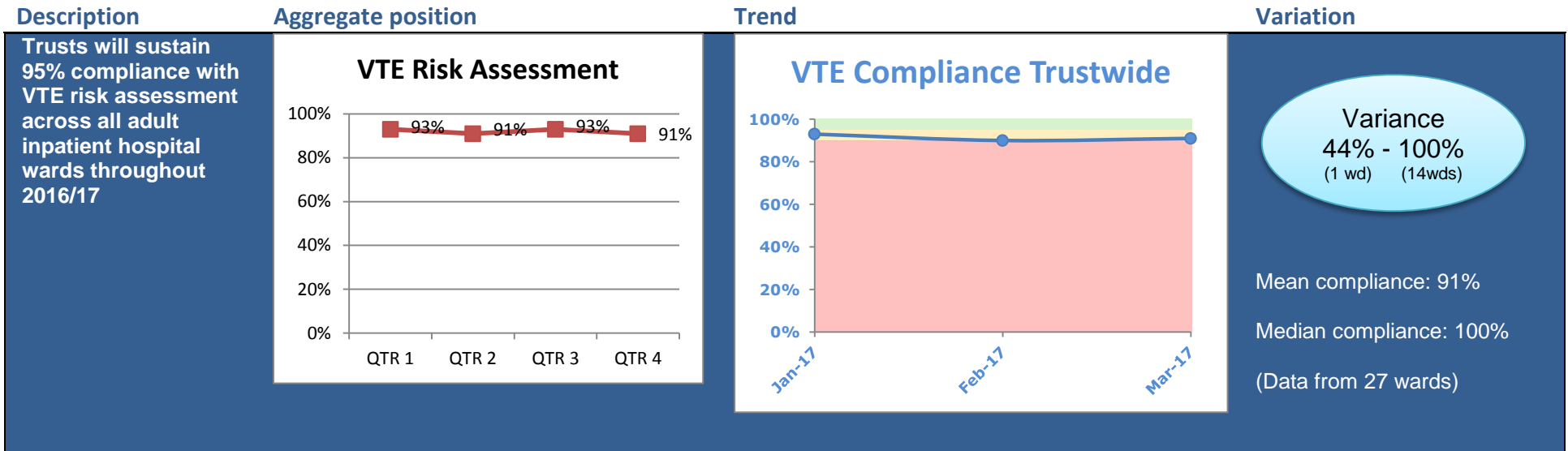
Variance
 40% - 100%
 (1 wd) (21wds)

Mean compliance: 93%

Median compliance: 100%

(Data from 32 wards)

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.05.2017.



SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.05.2017.

higher risk of falling because of an underlying condition in part B.

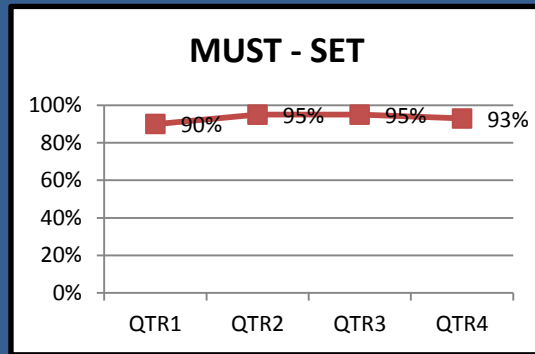
Description	Aggregate position	Trend	Variation																		
<p>From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were unavoidable</p> <p>Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days</p>	<table border="1"> <caption>Compliance of SETRUST Skin Bundle</caption> <thead> <tr> <th>Quarter</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>79%</td> </tr> <tr> <td>Q2</td> <td>84%</td> </tr> <tr> <td>Q3</td> <td>86%</td> </tr> <tr> <td>Q4</td> <td>89%</td> </tr> </tbody> </table>	Quarter	Compliance (%)	Q1	79%	Q2	84%	Q3	86%	Q4	89%	<table border="1"> <caption>Skin Bundle Compliance Trustwide</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr> <td>Jan-17</td> <td>~90%</td> </tr> <tr> <td>Feb-17</td> <td>~85%</td> </tr> <tr> <td>Mar-17</td> <td>~88%</td> </tr> </tbody> </table>	Month	Compliance (%)	Jan-17	~90%	Feb-17	~85%	Mar-17	~88%	<p>Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 93%</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>Variance 0% - 100% (1 wd) (13wds)</p> </div> <p>Mean compliance: 85%</p> <p>Median compliance: 100%</p> <p>(Data from 25 wards)</p>
Quarter	Compliance (%)																				
Q1	79%																				
Q2	84%																				
Q3	86%																				
Q4	89%																				
Month	Compliance (%)																				
Jan-17	~90%																				
Feb-17	~85%																				
Mar-17	~88%																				

SAFE & EFFECTIVE CARE

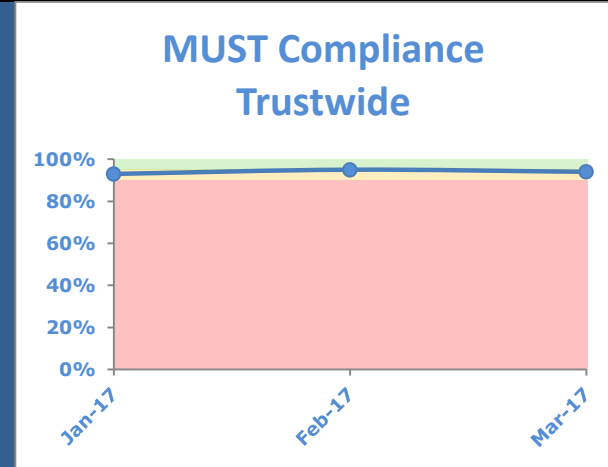
Description

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



Trend



Variation

Lowest compliance question: 'MUST Tool: Weekly (if applicable)' 93%

Variance
70% - 100%
(1 wds) (19wds)

Mean compliance: 94%

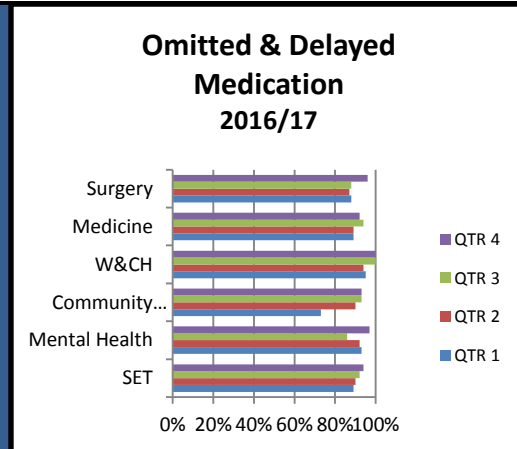
Median compliance: 100%

(Data from 30 wards)

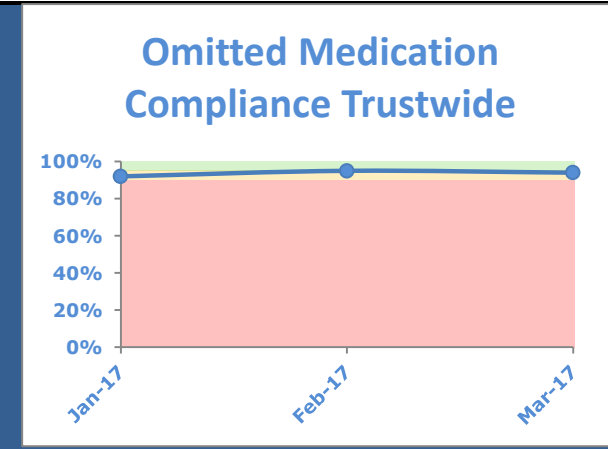
Description

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

Aggregate position



Trend



Variation

Variance
64% - 100%
(1 wds) (21wds)

Mean compliance: 94%

Median compliance: 100%

(Data from 30 wards)

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	
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 95%	SET 92%	SET 95%	SET 96%	SET 95%	
			UH 91%	UH 87%	UH 91%	UH 93%	UH 93%	
			LVH 97%	LVH 95%	LVH 95%	LVH 97%	LVH 97%	
			DH 97%	DH 95%	DH 95%	DH 97%	DH 95%	

SAFE & EFFECTIVE CARE

TITLE	Target	NARRATIVE	PERFORMANCE			TREND																				
			FEB	MAR	APR																					
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<55</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<55	MRSA	Target <7	Target<7	<table border="1"> <thead> <tr> <th></th> <th>FEB</th> <th>MAR</th> <th>APR</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td>4 (cum 51)</td> <td>1 (cum 52)</td> <td>7 (cum 7)</td> </tr> <tr> <td>MRSA</td> <td>0 (cum 13)</td> <td>0 (cum 13)</td> <td>0 (cum 0)</td> </tr> </tbody> </table>		FEB	MAR	APR	C Diff	4 (cum 51)	1 (cum 52)	7 (cum 7)	MRSA	0 (cum 13)	0 (cum 13)	0 (cum 0)	<p>— C Diff (Cum) — Target</p>	<p>— MRSA (Cum) — Target</p>
			2015/16 Target	2016/2017 Target																						
C Diff	Target <55	Target<55																								
MRSA	Target <7	Target<7																								
	FEB	MAR	APR																							
C Diff	4 (cum 51)	1 (cum 52)	7 (cum 7)																							
MRSA	0 (cum 13)	0 (cum 13)	0 (cum 0)																							

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	APR 16	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	
Outpatient waits	Min 50% <9 wks for first appt (was 60% in 15/16)	34.9%	35.4%	34.2%	31.2%	29.4%	29.5%	28.9%	27.4%	23.8%	23.2%	23.9%	25.7%	24.2%	
	All <52 wks (was 18 wks)	82.9%	91.4%	90.7%	90.0%	89.3%	88.4%	87.6%	86.3%	84.6%	83.6%	82.5%	81.1%	79.3%	
Diagnostic waits	Imaging 75% <9 wks (was all >9wks)	82.9%	83%	83.2%	84.8%	84.2%	83.7%	86.3%	81.7%	74.4%	73.6%	76.3%	75.7%	70.2%	
	Physiological Measurement <9 wks	71.9%	69.9%	65.3%	56.2%	56.1%	58.4%	58.9%	58.4%	56.2%	61%	65%	70.3%	66.6%	
	Diag Endoscopies	< 9 wks < 13 wks	36% 70.8%	36.7% 71%	37.8% 70%	37.8% 65%	35% 64%	34% 64%	39% 66%	50.4% 66%	55% 61.7%	56% 59%	53% 63%	52% 64%	46.5% 58.7%
Inpatient & Daycase Waits	Min 55% <13 wks (was 65%)	52%	49.2%	46.5%	45.5%	44%	44%	49%	52%	52.5%	52%	52%	52%	49%	
	All <52 wks (was 26 wks)	89.5%	88.7%	87.9%	87.3%	88%	88%	90%	90.5%	91%	90%	90%	89%	89%	
Diagnostic Reporting	Urgent tests reported <2 days	96.1%	95.2%	94.4%	95.5%	94.5%	95%	95.6%	93.3%	94.1%	95.1%	94.2%	95.5%	92.5%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	80.6%	83.6%	82.4%	81.4%	80.2%	82.9%	81.5%	80.0%	74.9%	77.9%	80.3%	78.6%	78.1%
		12hr breaches	171	74	75	86	83	24	52	133	208	393	98	82	204
	UHD	4hr performance	71.3%	75.7%	74.2%	74.3%	71.3%	74.5%	73.4%	72.0%	66.3%	68.8%	72.3%	68.3%	67.3%
		12hr breaches	158	66	63	68	79	22	44	114	177	351	74	63	203
	LVH	4hr performance	92.2%	90.8%	88.3%	87.6%	87.1%	92.1%	88.8%	88.9%	81.9%	84.5%	86.6%	86.6%	89.7%
		12hr breaches	1	0	0	0	1	0	0	0	0	14	1	0	0
DH	4hr performance	89.5%	92.4%	92.3%	89.8%	90.4%	90.0%	90.7%	88.6%	85.2%	88.8%	88.8%	90.6%	93.2%	
	12hr breaches	12	8	12	18	3	2	8	19	31	28	23	19	1	
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	90.0%	91.5%	89.6%	86.0%	89.3%	88.4%	89.3%	88.8%	84.3%	90.3%	91.5%	86.2%	87.7%	
Non Complex discharges	ALL <6hrs	87.1%	88.1%	87.0%	87.0%	87.2%	86.9%	88.7%	86.1%	87.4%	87.8%	87.4%	87.4%	86.8%	
Hip Fractures	>95% treated within 48 Hours	84%	81%	82%	75%	65%	68%	81%	82%	80%	100%	81%	86%	79%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis (was 13%)	13.5%	13.3%	20.7%	5.8%	9.8%	13%	17.6%	18.9%	3.7%	20.7%	10.3%	15.6%	13.3%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	44%	52%	56%	70%	44%	37%	34%	38%	43%	43%	52%	58%	53%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)	31% (118) 23	15.5% (201) 25	27.4% (188) 29	100% (0) 14	97.2% (7) 21	100% (0) 14	100% (0) 14	100% (0) 13	100% (0) 16	99.5% (1) 19	80.5% (42) 17	95.3% (11) 17	100% (0) 60	100% (0) 14
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)	90% (10)	94.5% (6)	98.5% (2)	94% (7)	95.5% (5)	93.6% (8)	90% (11)	95% (7)	97% (2)	97.3% (3)	96% (4)	97% (3)	93% (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	66% (3)	77.8% (2)	100% (0)	75% (1)	72% (2)	100% (0)	100% (0)	75% (2)	78% (2)	75% (2)	60% (2)	100% (0)	Not available	

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	94.9%	98.5%	98.5%	95.8%	97.6%	89.6%	92.3%	94.3%	97.2%	97.9%	99.4%	97.6%	94.2%	
	% routine tests reported <28 days (Target formerly 100%)	99%	99.8%	99.6%	98.9%	98.8%	96.4%	98.4%	95.9%	99.9%	99.6%	99.9%	98%	97%	
% Operations cancelled for non-clinical reasons	SET	0.8%	0.8%	0.9%	1.5%	1.1%	1.8%	1.3%	1.6%	1.2%	1.6%	1.1%	1.3%	1.9%	
	UHD	0.8%	0.8%	0.7%	1.8%	1.8%	2.6%	1.4%	1.5%	1.7%	2.7%	1.7%	1.4%	3.6%	
	AR	1.2%	1.2%	1.3%	0%	0.2%	0.2%	0.4%	2.4%	0.5%	0%	0.3%	1%	0.2%	
	LVH	0%	0%	0.9%	0.9%	0.9%	2%	2.2%	1.5%	1.4%	0.8%	0.8%	1%	0.8%	
	DH	2.1%	2.1%	1.0%	3%	0%	1.2%	0.2%	1.5%	0.2%	1.6%	1%	1.4%	0.6%	
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 28%	Cum 39%	Cum 33%	Cum 28%	Cum 26%	Cum 25%	Cum 23%	Cum 23%	Cum 23%	Cum 24%	Reported 3 mths in arrears			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 87.1%	Cum 87%	Cum 82%	Cum 80.6%	Cum 79.4%	Cum 79.8%	Cum 79.1%	Cum 79.7%	Cum 79.6%	Cum 79.8%	Reported 3 mths in arrears			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	13152	12041	11795	11296	11783	11770	11731	11177	11230	11180	10278	12241	11453	
	Ulster Hospital	7608	7989	7892	7747	8016	7817	8042	7552	7741	7575	6879	8108	7785	
	Lagan Valley Hospital	1944	2123	2102	1835	1947	2132	2028	1943	1858	1898	1816	2169	1794	
	Downe Hospital (inc w/end minor injuries)	1794	1929	1801	1714	1820	1821	1661	1682	1631	1707	1583	1964	1874	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	9.4%	9.2%	9.3%	9.8%	9.8%	9.2%	9.2%	10%	10.5%	10.5%	9.7%	9.1%	9.4%	
	By March 2017, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	3.2%	22.5%	16.0%	18.2%	25.4%	3.4%	20.5%	21.7%	30.2%	25.5%	11.5%	11.2%	21.1%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	6122	5885	6273	5112	5925	6108	5930	5861	5001	5701	5577	6537	5064	
Other Operative Fractures	>95% within 48hrs	84%	82%	84%	84%	64%	63%	78%	80%	83%	90%	74%	75%	79%	
	100% within 7 days	98.7%	100%	98.8%	98.8%	90.5%	91.6%	100%	96%	100%	100%	98.6%	98.6%	97.1%	
Stroke	No of patients admitted with stroke	37	30	29	34	41	35	34	37	27	29	29	32	30	
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	63.8% (156)			51.6% (203)	54.2% (210)	56% (222)	54.8% (237)	49.6% (266)	39.5% (320)	33.8% (311)	41.6% (305)	44.8% (270)	48.3% (248)
		Ophth	84.3% (28)			82.5% (34)	63.6% (99)	85.9% (53)	75.9% (114)	71.8% (168)	55.3% (251)	54.9% (280)	59% (300)	58.8% (266)	38.7% (416)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.7	5.7	6.1	6.1	6.1	5.8	5.3	5.9	6.1	7.1	5.8	5.8	6.0
	Ave LOS trimmed	4.9	4.4	4.8	4.7	4.8	4.7	4.5	4.8	4.9	5.4	4.7	4.7	4.6
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	11.2	10.9	9.5	8.7	9.6	9.8	9.6	8.9	10	11.2	12.8	9.6	8.8
	Ave LOS trimmed	7.1	7	7.5	6.8	7	7.2	7.1	6.8	7.5	7.1	7.5	6.8	7.4
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	81.4%	86.8%	88%	87.6%	79.8%	84.3%	86.4%	83%	77.6%	79.4%	85.2%	81.2%	79.2%
	% NEW attendances who left without being seen (Target < 5%)	2.5%	2.5%	2.6%	3.1%	3%	2.8%	2.7%	2.5%	3.4%	2.3%	2.1%	2.8%	2.7%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.8%	2.9%	3%	2.9%	2.7%	2.8%	2.7%	2.7%	2.2%	2.7%	2.8%	2.8%	2.7%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	55.9%	59.8%	54.4%	51.7%	57.9%	53.3%	56%	58.3%	49.4%	56.3%	59.3%	49.7%	52.7%

Hospital Services – Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR
Complaints	How many complaints were received this month?	36	39	30	40	27	38	39	31	27	23	23	33	38
	What % were responded to within the 20 day target? (target 65%)	56%	51%	47%	65%	44%	45%	54%	45%	56%	65%	48%	39%	34%
	How many were outside the 20 day target?	16	19	16	14	15	21	18	17	12	8	12	20	25
Freedom of Information Requests	How many FOI requests were received this month?	4	4	3	9	12	8	6	9	10	12	14	4	13
	What % were responded to within the 20 day target? (target 100%)	75%	50%	67%	88%	75%	0%	33%	67%	90%	58%	43%	100%	85%
	How many were outside the 20 day target?	1	1	1	1	3	8	4	3	1	5	6	0	2

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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>	23.9%	25.7%	24.2%	
Diagnostic waits	By March 2017 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>	76.3%	75.7%	70.2%	
			<p>Physiological Measurement (9wk)</p> <p>These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.</p>	65%	70.3%	
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.	<p>Diagnostic Endoscopies Inpatient / Day Case (9 wk target)</p> <p>(this is a subset of the Day-case target reported overleaf)</p>	53%	52%	46.5%	
			<p>Diagnostic Endoscopies Inpatient / Day Case (13 wk target)</p> <p>[n] = total waiting</p> <p>(n) = breaches</p>	63%	64%	
			<p>(1205)</p> <p>(1124)</p> <p>(1312)</p> <p>{203}</p> <p>{159}</p> <p>{183}</p>	<p>(1488)</p> <p>(1604)</p> <p>(1965)</p> <p>{175}</p> <p>{207}</p> <p>{262}</p>	<p>(2200)</p> <p>(2374)</p> <p>(2569)</p> <p>(1043)</p> <p>(1135)</p> <p>(1374)</p>	<p>(912)</p> <p>(887)</p> <p>(861)</p> <p>(340)</p> <p>(319)</p> <p>(355)</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Inpatient & Daycase Waits	<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.</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>52%</p> <p>(4205)</p>	<p>52%</p> <p>(4140)</p>	<p>49%</p> <p>(4525)</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>90%</p> <p>(902)</p>	<p>89%</p> <p>(959)</p>	<p>89%</p> <p>(1007)</p>	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In February 2017, 1409 total urgent tests reported, 1327 were reported in < 2 days</p> <p>(n) = breaches > 2 days</p> <p>[n] = total urgent tests</p>	<p>94.2%</p> <p>(82)</p> <p>[1409]</p>	<p>95.5%</p> <p>(79)</p> <p>[1749]</p>	<p>92.5%</p> <p>(119)</p> <p>[1594]</p>	<p>Legend: Urgent <2 days, Target Line</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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>11804</p> <p>[9480]</p> <p>80.3%</p> <p>(98)</p>	<p>SET</p> <p>14266</p> <p>[11220]</p> <p>78.6%</p> <p>(82)</p>	<p>SET</p> <p>13084</p> <p>[10225]</p> <p>78.1%</p> <p>(204)</p>	<p>Legend: UHD (dark teal), LVH (light teal), DH (yellow), Target (red line)</p>
			<p>UH</p> <p>6879</p> <p>[4975]</p> <p>72.3%</p> <p>(74)</p>	<p>UH</p> <p>8108</p> <p>[5536]</p> <p>68.3%</p> <p>(63)</p>	<p>UH</p> <p>7785</p> <p>[5240]</p> <p>67.3%</p> <p>(203)</p>	
			<p>LVH</p> <p>1816</p> <p>[1573]</p> <p>86.6%</p> <p>(1)</p>	<p>LVH</p> <p>2169</p> <p>[1879]</p> <p>86.6%</p> <p>(0)</p>	<p>LVH</p> <p>1794</p> <p>[1609]</p> <p>89.7%</p> <p>(0)</p>	
			<p>DH</p> <p>1583</p> <p>[1406]</p> <p>88.8%</p> <p>(23)</p>	<p>DH</p> <p>1964</p> <p>[1780]</p> <p>90.6%</p> <p>(19)</p>	<p>DH</p> <p>1874</p> <p>[1746]</p> <p>93.2%</p> <p>(1)</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</p> <p>(n) = breaches</p> <p>Feb was 87.4% 2586 (327) now 87.4% 2593 (327)</p> <p>Mar was 87.4% 3072 (388) now 87.4% 3072 (387)</p>	<p>87.4%</p> <p>2586</p> <p>(327)</p>	<p>87.4%</p> <p>3072</p> <p>(387)</p>	<p>86.8%</p> <p>2755</p> <p>(364)</p>	<p>Legend: Non complex discharges within 6 hrs (dark teal), Target Line (red line)</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>% = % treated within 48 hours.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p>	<p>81%</p> <p>31</p> <p>(25)</p> <p>[6]</p>	<p>86%</p> <p>36</p> <p>(31)</p> <p>[5]</p>	<p>79%</p> <p>33</p> <p>(26)</p> <p>[7]</p>	<p>Hip Fractures</p> <p>Legend: % Hip Fractures < 48 hrs (teal bars), Target Line (red line)</p>
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>74%</p> <p>73</p> <p>(54)</p> <p>[19]</p> <p>{1}</p>	<p>75%</p> <p>76</p> <p>(57)</p> <p>[19]</p> <p>{1}</p>	<p>79%</p> <p>70</p> <p>(55)</p> <p>[15]</p> <p>{2}</p>	<p>Other Fractures</p> <p>Legend: Fractures % < 48hrs (teal bars), Target Line (red line)</p>
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis. (2015/16 Target = 13%)	<p>% = % treated with thrombolysis</p> <p>n = number treated with thrombolysis</p> <p>(n) = number confirmed Ischaemic strokes</p>	<p>10.3%</p> <p>3</p> <p>(29)</p>	<p>15.6%</p> <p>5</p> <p>(32)</p>	<p>13.3%</p> <p>4</p> <p>(30)</p>	<p>All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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 April 2017.</p> <p>% = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches</p>	<p>100%</p> <p>(38)</p> <p>[0]</p>	<p>100%</p> <p>(41)</p> <p>[0]</p>	<p>100%</p> <p>(52)</p> <p>[0]</p>	There was 52 CBYL in April 17. 4 declined service. 4 DNAd.1 could not attend the planned appointment within 24 hours and this was re-arranged for a later date
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 n = number of patients seen (n) = breaches</p> <p>Circumstances can create breaches which are shared with another Trust.</p> <p>In Apr 2017, 53.5 patients were seen. There were 25 breaches involving 33 patients, of whom 8 were shared.</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Mar was 58%, 51 seen (21.5), now 56% 75 seen (33) breaches</p> <p>Feb was 53%, 67 seen (31.5), now 54% 69 seen (31.5) breaches</p>	<p>54%</p> <p>69</p> <p>(31.5)</p>	<p>56%</p> <p>75</p> <p>(33)</p>	<p>53%</p> <p>53.5</p> <p>(25)</p>	<p>62 Day Target Target Line</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days [n] = number of referrals received n = number of completed referrals (n) = breaches {n} = longest wait in days	95.3% [200] 235 (11) {17}	100% [252] 241 (0) {60}	100% [211] 210 (0) {14}	Longest wait {60} is patient choice.
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	96 % 114 (4)	97% 92 (3)	93% 83 (6)	
Cancelled Appointments	By March 2017 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	11.5% 1773 (-169)	11.3% 1777 (-173)	21.1% 1581 (23)	FY15/16 target - hospital cancelled consultant led appointments should be less than 5%. Target FY16/17 - reduce number hospital cancellations by 20%. New target 1604 or less per month
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches	100% (9) [0]	100% (7) [0]	100% (5) [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	60% (5) [2]	100% (6) [0]	Not available	

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	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	
Allied Health Professions waits	All < 13 weeks	97.3%	96.8%	96.9%	95.4%	94.5%	93.7%	93.9%	95.5%	92.9%	92.1%	90.1%	96.9%	93.7%	
Complex Discharges	Min. 90% <48hrs (SET TOR)	62.2%	57.8%	64.4%	70.5%	72.2%	66%	68.1%	62.4%	69.4%	62.2%	66.9%	69.5%	77%	
	Min. 90% <48hrs (All in SET beds)	51.7%	51.1%	56.1%	67.2%	66.2%	64.1%	62.8%	56.7%	64.8%	54%	64.2%	68.4%	70.2%	
	Number complex discharges	321	274	326	305	297	339	336	363	412	424	350	374	326	
	ALL <7days	85%	83.9%	84%	90.2%	89.3%	90.3%	89.3%	83.5%	86.2%	86.4%	90.3%	89.8%	92.6%	
	SET and Other TOR	Reporting from April 2017													94.8%
	Belfast TOR	Reporting from April 2017													85.7%
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	84%	80%	80%	79%	82%	79%	82%	81%	80%	81%	82%	85%	81%	
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	76.4% (90)	78.6% (75)	74.8% (95)	64.3% (164)	62.9% (168)	63.9% (171)	65.5% (169)	63.4% (178)	63.7% (169)	66.2% (141)	64.9% (136)	68.9% (116)	64.8% (135)	
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 1 722			Quarter 2 667 (Cum 1386)			Quarter 3 736 (cum 2125)			Figures 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.	48	49	51	178	239	290	364	427	433	474	521	587	621	
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 1 418			Quarter 2 492 (Cum 910)			Quarter 3 223 (cum 1133)			Quarter 3 281 (cum 1414)				
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 541, Target = 595)	544	572	574	580	584	584	603	608	619	618	620	632	632	
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 57086 Hours			Quarter 2 53726 Hours (cum 110812 Hours)			Quarter 3 57911 Hours (cum 168723 Hours)			Quarter 4 59539 Hours (cum 228262 Hours)				

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR		
Assess and Treat Older People	All assessments completed <5 wks	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.5%	100%	100%	100%		
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.9% (1)	100%	100%		
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches	91.3% (4)	98.2% (1)	96.1% (3)	99.1% (1)	92.7% (7)	89.5% (9)	91.0% (6)	91.7% (5)	94.5% (4)	96.1% (3)	95.8% (3)	97.4% (2)	93.1% (5)		
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 until april 16). (n) = breaches	<9 wks	98.2% (10)	95.3% (33)	87.5% (104)	81.8% (181)	76.2% (256)	63% (485)	60% (565)	63.5% (524)	72.1% (333)	65.8% (388)	59.7% (463)	58% (394)	64.1% (313)	
		<52wks (prev 18 wks).	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	85% (198)	81.2% (266)	81.5% (265)	99.9% (1)	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)
		<52wks										12.1% (445)	27.8% (260)	52.2% (86)	72.7% (6)	71.4% (2)

Directorate KPIs & SQE Indicators

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	43%	47%	52%	49%	45%	49%	44%	45%	40%	50%	29%	45%	38%	
	20% increase in number of staff using E-NISAT. Baseline = 140 Target = 168 / mth	142	174	223	194	199	209	228	221	240	231	224	242	224	
	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	75	87	90	93	97	99	101	104	105	104	103	105	104	
	District Nursing Caseload Allocation Compliance	North Down	3	0	5	0	0	0	3	0	0	0	0	0	0
		Ards	0	0	0	0	0	0	0	0	0	0	0	0	0
		Down	0	0	0	0	0	0	3	0	0	25	0	0	0
Lisburn		0	0	0	0	0	0	11	0	0	0	0	0	0	
No more than 50 unactioned in each locality															

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR
Complaints Handling	How many complaints were received this month?	20	12	7	6	9	10	9	11	9	13	8	15	11
	What % were responded to within the 20 day target? (target 65%)	65%	58%	57%	83%	44%	50%	44%	73%	22%	38%	63%	53%	64%
	How many were outside the 20 day target?	7	5	3	1	5	5	5	3	7	8	3	7	4
Freedom of Information Requests	How many FOI requests were received this month?	3	2	4	2	27	5	4	5	2	1	9	6	2
	What % were responded to within the 20 day target? (target 100%)	100%	50%	75%	50%	33%	20%	25%	20%	0%	100%	44%	83%	100%
	How many were outside the 20 day target?	0	1	1	1	18	4	3	4	2	0	4	1	0

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																												
			FEB	MAR	APR																													
AHP Waits	No patient to wait longer than 13 weeks from referral to commencement of treatment	At 30 th April 2017 of patients on the AHP waiting list, are waiting longer than 13 weeks. <table border="1" style="margin: 10px 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>5744</td> <td>260</td> <td style="background-color: yellow;">95%</td> </tr> <tr> <td>OT</td> <td>1179</td> <td>87</td> <td style="background-color: red;">93%</td> </tr> <tr> <td>Orthoptics</td> <td>260</td> <td>2</td> <td style="background-color: yellow;">99%</td> </tr> <tr> <td>Podiatry</td> <td>1276</td> <td>29</td> <td style="background-color: yellow;">98%</td> </tr> <tr> <td>S&LT</td> <td>1014</td> <td>234</td> <td style="background-color: red;">77%</td> </tr> <tr> <td>Dietetics</td> <td>836</td> <td>30</td> <td style="background-color: yellow;">96%</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >13 wks	Compliance	Physio	5744	260	95%	OT	1179	87	93%	Orthoptics	260	2	99%	Podiatry	1276	29	98%	S<	1014	234	77%	Dietetics	836	30	96%	90.1% [10020] (989)	96.9% [10069] (316)	93.7% [10309] (642)	<p style="font-size: small; text-align: center;">Legend: 13 Week (Teal), Target Line (Red)</p>
		Service	No on W/L	Waiting >13 wks	Compliance																													
Physio	5744	260	95%																															
OT	1179	87	93%																															
Orthoptics	260	2	99%																															
Podiatry	1276	29	98%																															
S<	1014	234	77%																															
Dietetics	836	30	96%																															
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB Web Portal). (n) = 48 hr breaches Revisions post validation:- Feb was 67.4% (87) now 67.5% (87) Mar was 69.5% (81) now 69.7% (82) SET Key reasons:- <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	67.4% (87)	69.5% (81)	77% (50)	<p style="font-size: small; text-align: center;">Legend: SET Resident (Teal), All in SET Beds (Light Blue), Target Line (Red)</p>																												

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients (any Trust of Residence) in SET beds. (n) = complex discharges. Revisions post validation:- Feb was 64.2% (352) now 64.3% (350) There were also corresponding changes in the Trust of residence figures.	64.3% (350) >48 hrs By Trust of res SET 80 BT 45 WT 1	68.4% (374) >48 hrs By Trust of res SET 72 BT 44 ST 2	70.2% (326) >48 hrs By Trust of res SET 53 BT 42 ST 2	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying patients (any Trust of Residence) in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Feb was 90.3% 352 (34) now 90.6% 351 (33) Mar was 89.8% 374 (38) now 89.9% 376 (38)	90.3% 352 (34) SET 18 BT 15 WT 1	89.8% 374 (38) SET 19 BT 17 ST 2	92.6% 326 (24) SET 13 BT 11	<p style="text-align: center;"> ■ SET Residents — Target Line </p>
Complex Discharges		All qualifying SET and other Trust of Residence patients in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- New reporting format – April 2017			94.8% 249 (13)	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Complex Discharges		All qualifying Belfast Trust Residents in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- New reporting format – April 2017			85.7% 77 (11)	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					TREND
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	
Unplanned Admissions	By March 2017 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825 16/17 Target = 2684	600 (cum 1130)	600 (cum 1730)	722 (cum 722)	667 (cum 1389)	736 (cum 2125)	

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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)		620	632	632	<p>Legend: Direct Payments (Blue bars), Target (Red line)</p>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Long-Term Conditions	<p>By March 2017, deliver 78,000 Monitored Patient Days</p> <p>To be reported one month in arrears</p>	<p>For 2016/17, a target of 78,000 patient target days was in place for the South Eastern Trust.</p> <p>Average Monthly target 6500 MPD</p> <p>MPD = Monitored Patient Days</p>	<p>TF3</p> <p>In Month</p> <p>4975 MPD</p> <p>76.5%</p> <p>Cum</p> <p>62471 MPD</p> <p>91.14%</p>	<p>TF3</p> <p>In Month</p> <p>5536 MPD</p> <p>73.7%</p> <p>Cum</p> <p>68007 MPD</p> <p>87.2%</p>	<p>No reports received April 2017</p>	<p>No of patients in March 2017 benefiting from remote tele monitoring = 181 patients.</p> <p>Staff have had meetings with Fold reps and there has been some uncertainty generated through the completion of an EXIT Strategy currently being finalised by TF3.</p>
Long-Term Conditions	<p>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.</p> <p>To be reported one month in arrears</p>	<p>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.</p> <p>Monthly target 7511 MPD</p> <p>MCD = Monitored Care Day</p>	<p>In Month</p> <p>8215 MCDs</p> <p>109.4%</p> <p>Cum</p> <p>87044 MCD</p> <p>109%</p>	<p>In Month</p> <p>9088 MCDs</p> <p>121%</p> <p>Cum</p> <p>96132 MCD</p> <p>110%</p>	<p>No Reports Received April 2017</p>	<p>The number of patients benefiting from remote telecare monitoring = 293 clients (no net change from previous month).</p>

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	84%	80%	80%	79%	82%	79%	82%	81%	80%	81%	82%	85%	81%
	100% of less urgent calls triaged within 1 hour	71%	71%	73%	69%	74%	72%	70%	69%	61%	67%	73%	73%	66%

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	4	4	5	6	7	8	10	10	10	9	11	11	13
Adult MH Services waits	All < 9 weeks	100%	100%	100%	99.6%	100%	100%	100%	100%	100%	100%	100%	99.8%	100%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	1 st Quarter 9			2 nd Quarter 5 (Cum 14)			3 rd Quarter 11 (cum 25)			4 th Quarter 136 (cum 147)			
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	4	4	4	5	6	5	3	3	3	3	4	7	8
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Mental Health	By March 2017, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	15	12	13	13	14	11	12	12	11	11	11	11	11

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR
Complaints Handling	How many complaints were received this month?	5	1	6	3	10	6	4	5	3	4	2	6	2
	What % were responded to within the 20 day target? (target 65%)	40%	0%	15%	67%	30%	17%	50%	20%	0%	0%	50%	40%	0%
	How many were outside the 20 day target?	3	1	5	1	7	5	2	4	3	4	1	3	2
Freedom of Information Requests	How many FOI requests were received this month?	1	1	4	3	0	1	4	6	2	1	2	2	1
	What % were responded to within the 20 day target? (target 100%)	100%	0%	25%	66%	n/a	0%	25%	0%	50%	100%	50%	0%	100%
	How many were outside the 20 day target?	0	1	3	1	0	1	3	6	1	0	1	2	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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>	100%	99.8%	100%	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 59 discharges in April 2017, 3 were not discharged within 7 days	100%	100%	95%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 8 delayed discharges in April 2017 – pending accommodation and this is now being monitored through the newly appointed HTT in-reach worker.	4	7	8	
	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 59 SET discharges in April 2017 for follow up within 7 days. All were offered appointments within 7 days. 1 DNA'd 1 CNA'd.	100%	100%	100%	

ADULT SERVICES – MENTAL HEALTH SERVICES

AWOL	Absconding from Adult Acute Admissions Inpatient Mental Health Settings	% compliance with the element of the Anti-Absconding bundle	Month	Ward	Number of charts compliant with all elements of the Absconding Care Bundle	% Compliance
			Dec 2016	LVH	8	80%
MHIPU	8	80%				
Ward 27	10	100%				
Jan 2017	LVH	9	90%			
	MHIPU	9	90%			
	Ward 27	9	90%			
Feb 2017	LVH	7	70%			
	MHIPU	10	100%			
	Ward 27	8	80%			
Mar 2017	LVH	4	40%			
	MHIPU	7	70%			
	Ward 27	10	100%			
Apr 2017	LVH	8	80%			
	MHIPU	9	90%			
	Ward 27	10	100%			

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	99.9%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	12	11	11	11	11	10	10	11	11	11	8	8	8
	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.	34	34	51	68	88	100	138	164	171	270	319	362	391
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	544	572	574	580	588	584	603	608	619	618	620	632	632

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
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	191	205	204	205	208	210	214	219	220	217	219	225	228
	By March 2017, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	263	264	263	265	265	264	271	273	278	281	287	291	289
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	1	3 (cum 4)	2 (cum 6)	4 (cum 10)	1 (cum 11)	3 (cum 14)	1 (cum 15)	4 (cum 19)	2 (cum 21)	5 (cum 26)	3 (cum 29)	0 (cum 29)	1 (cum 1)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	94%	98.1%	97.6%	87.5%	94.2%	95%	100%	91%	95%	100%	100%	100%

		Quarter 4 (15/16)	Quarter 1 (16/17)	Quarter 2 (16/17)	Quarter 3 (16/17)	Quarter 4 (16/17)
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 114 (cum 422)	1 st Quarter 98 (cum 98)	2 nd Quarter 70 (cum 168)	3 rd Quarter 121 (cum 289)	4 th Quarter 98 (387)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	4 th Quarter 67 (cum 245)	1 st Quarter 50	2 nd Quarter 66 (cum 116)	3 rd Quarter 98 (cum 214)	4 th Quarter 61 (cum 275)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	4 th Quarter 13 (cum 103)	1 st Quarter 35	2 nd Quarter 25 (cum 60)	3 rd Quarter 13 (cum 73)	4 th Quarter 33 (cum 106)
	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 = 27, 645 hrs (6, 911hrs / quarter)	4 th Quarter 8239.5 Hours (Cum 27645)	1 st Quarter 8048.7 Hours	2 nd Quarter 8116.0 hours (Cum 16163.7 Hrs)	3 rd Quarter 8549.0 Hours (cum 22012.7 Hrs)	4 th Quarter 9163.0 Hours (cum 31175.7 Hours)
	Achieve minimum 88% internal environment cleanliness target.	93%	88%	93%	93%	95%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			FEB	MAR	APR																												
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 10 people awaiting discharge, 8 of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	10 (8)	10 (8)	10 (8)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> </tr> </thead> <tbody> <tr> <td>0-7</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>8-28</td> <td>1</td> <td>2</td> <td>0</td> </tr> <tr> <td>29-90</td> <td>2</td> <td>2</td> <td>4</td> </tr> <tr> <td>91-365</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>>365</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>Total</td> <td>10</td> <td>10</td> <td>10</td> </tr> </tbody> </table>	Delay in days	Feb	Mar	Apr	0-7	1	0	0	8-28	1	2	0	29-90	2	2	4	91-365	3	3	3	>365	3	3	3	Total	10	10
Delay in days	Feb	Mar	Apr																														
0-7	1	0	0																														
8-28	1	2	0																														
29-90	2	2	4																														
91-365	3	3	3																														
>365	3	3	3																														
Total	10	10	10																														
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	141	165	179																												
		Learning Disability	178	197	212																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	100% (0)	99.7% (1)	100% (0)	100% (0)	100% (0)	98.4% (5)	99.1% (3)	98.6% (5)	98.5% (4)	99.3% (2)	97.9% (1)	99.1% (3)	98.9% (3)
Inter-prison transfer	All prisoners to receive a “Transfer Health Screen” by Prison Healthcare Staff on the day of arrival.	100%	99%	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%
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.	93.5%	98.9%	90.3%	83.5%	97.3%	94.4%	91.7%	100%	100%	100%	99.7%	94.1%	65.9%
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%	100%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR
Complaints Handling	How many complaints were received this month?	5	2	1	3	9	3	3	1	4	3	2	5	6
	What % were responded to within the 20 day target? (target 65%)	0%	0%	0%	33%	0%	0%	0%	0%	25%	67%	100%	60%	100%
	How many were outside the 20 day target?	5	2	1	3	6	3	3	1	3	1	0	2	0
Freedom of Information Requests	How many FOI requests were received this month?	0	1	0	2	1	0	3	1	4	2	0	0	1
	What % were responded to within the 20 day target? (target 100%)	n/a	100%	n/a	50%	0%	0%	33%	0%	75%	50%	n/a	n/a	100%
	How many were outside the 20 day target?	0	0	0	1	1	0	2	1	1	1	0	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			FEB	MAR	APR																								
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%																								
		288	321	277																									
		(0)	(0)	(0)																									
	All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.	% = performance n = total committals (n) = breaches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th>Feb</th> <th>Mar</th> <th>Apr</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;">240</td> <td style="text-align: center;">264</td> <td style="text-align: center;">218</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;">48</td> <td style="text-align: center;">57</td> <td style="text-align: center;">59</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>			Feb	Mar	Apr	Maghaberry	Committals	240	264	218	Breaches	0	0	0	Hydebank	Committals	48	57	59	Breaches	1	3	3	97.9%	99.1%	98.9%	3 Breaches in Hydebank
		Feb	Mar	Apr																									
Maghaberry	Committals	240	264	218																									
	Breaches	0	0	0																									
Hydebank	Committals	48	57	59																									
	Breaches	1	3	3																									
		288	321	277																									
		(1)	(3)	(3)																									
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%																								
		59	53	41																									
		(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%																								
		33	44	36																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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	99.7% 334 (1)	94.1% 668 (39)	65.9% 510 (174)	173 Breaches Maghaberry 1 Breach Hydebank
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% (11) [0]	100% (10) [0]	100% (7) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Psychological Therapies waits	All < 13 weeks	44.6%	45.7%	42.8%	39.7%	34.9%	32.9%	35.4%	38.0%	35.4%	40.2%	40.7%	51.5%	53.8%

Adult Services Directorate – Clinical Psychology Services – KPIs

	APR 16	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Direct Contacts (cum)	2129	2163 (4292)	2096 (6388)	1697 (8085)	1877 (9962)	2032 (11994)	2052 (14046)	2511 (16557)	1689 (18246)	2003 (20,249)	2255 (22,504)	2420 (24,924)	2087
Consultations (cum)	68	119 (187)	111 (298)	43 (341)	87 (428)	91 (519)	104 (623)	95 (718)	94 (812)	119 (931)	89 (1,020)	75 (1095)	92
Supervision - Hours (cum)	120	135 (255)	111 (366)	108 (474)	99 (573)	118 (691)	107 (798)	137 (935)	121 (1,056)	106 (1,162)	133 (1,295)	119 (1414)	144
Staff training - Hours (cum)	158	113 (271)	78 (349)	76 (425)	63 (488)	182 (670)	137 (807)	164 (971)	100 (1,071)	56 (1,127)	189 (1,316)	175 (1491)	121
Staff training - Participants (cum)	394	221 (615)	232 (847)	81 (928)	103 (1031)	415 (1446)	252 (1698)	263 (1961)	506 (2,467)	80 (2,547)	328 (2,875)	137 (3012)	291

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR
Complaints Handling	How many complaints were received this month?	1	0	0	0	0	0	1	1	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	100%	100%	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	0	0	0	0	0	0

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																			
			FEB	MAR	APR																																				
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	40.7%	51.5%	53.8%																																				
			(894)	(920)	(852)																																				
			[530]	[446]	[394]																																				
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CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	APR 16	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
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% (3)	Nil Return	100% (2)	100% (3)	100% (1)	100% (5)	100% (3)	100% (2)	100% (5)	100% (1)	100% (2)	Nil Return
	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)	72.2% (5)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	Nil Return
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	95.7% (2)	100% (0)	100% (0)	97.4% (1)
	All Child protection case conference <15 days from receipt (n) = breaches	93.8% (2)	64.7% (6)	80% (4)	90% (2)	68.8% (5)	84% (4)	88.6% (4)	93.8% (1)	89.5% (2)	75% (3)	62.5% (6)	87.5% (3)	83.3% (3)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	95.2% (1)	100% (0)	96.7% (1)	95.5% (1)	93.3% (1)	100% (0)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	85.8% (28)	84.6% (34)	81.9% (43)	79.7% (40)	53.8% (102)	48.2% (118)	94.5% (10)	93.9% (14)	81.8% (30)	88.1% (21)	90.9% (19)	65.6% (63)	63% (47)
	All Family support initial assessment completed <10 days of allocation	20%	26.2%	19.3%	9.1%	27.6%	24.8%	33.9%	26.7%	27.9%	19.4%	43.8%	27.1%	16.8%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	34.5% (38)	59.6% (19)	27.5% (29)	39.1% (14)	44.4% (10)	82.9% (6)	61.3% (12)	46.2% (21)	33.3% (18)	94.6% (2)	73.9% (6)	100% (0)	50% (10)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	76.3% (22)	81.1% (10)	90.7% (5)	100% (0)	100% (0)	95.5% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	94.5% (4)	73.4% (21)	100% (0)	100% (0)	99.1% (1)	100% (0)	100% (0)	95.2% (8)	97.4% (3)	97.4% (3)	100% (0)	100% (0)	100% (0)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	1 st Quarter 35			2 nd Quarter 25 (cum 60)			3 rd Quarter 23 (cum 83)			4 th Quarter 21 (cum 104)			
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	188	229	184	158	165	147	179	166	173	78	85	105	140
Unallocated cases	Total number of unallocated cases over 30 days in Children's Services				136	135	124	150	134	141	55	55	74	94

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Fostering	Number of Mainstream Foster Carers	323	319	320	323	319	310	314	320	320	316	320	325	329
	Number of children with Independent Foster Carers	18	20	22	24	32	28	28	29	28	29	28	29	33
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	91.4%	94.8%	91.4%	91.1%	92.9%	92.5%	95.1%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Quarter 1 97.4%			Quarter 2 97.5%			Quarter 3 97.2%			Quarter 4 96.9%			
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	46.1%	46.4%	47.2%	49%	50%	45.7%	35.1%	42%	49.9%	44.7%	53.2%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	289	315	273	247	224	217	272	242	295	161	180	208	243
	Family Centre Waiting List at month end	14	6	11	12	10	8	6	9	5	6	8	12	13
Care Leavers	At least 75% aged 19 in education, training or employment	75%	71%	80%	79%	77%	81%	76%	77%	85%	82%	77%	80%	80%

Children's Services - Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR
Complaints	How many complaints were received this month?	5	8	8	3	7	9	19	6	9	3	10	9	6
	What % were responded to within the 20 day target? (target 65%)	20%	13%	38%	67%	0%	67%	21%	17%	11%	33%	10%	11%	17%
	How many were outside the 20 day target?	4	7	5	1	7	3	15	5	8	2	9	8	5
Freedom of Information Requests	How many FOI requests were received this month?	1	1	4	4	1	3	0	4	2	1	4	7	1
	What % were responded to within the 20 day target? (target 100%)	100%	0%	50%	25%	0%	33%	n/a	0%	0%	0%	50%	14%	100%
	How many were outside the 20 day target?	0	1	2	3	1	2	0	4	2	1	2	6	0

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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>(1)</p>	<p>100%</p> <p>(2)</p>	<p>Nil Return</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 12 children taken into care during September 2016. 3 children were for Respite/Shared Care and 0 were discharged</p> <p>Of the remaining 9 children, all had a permanence plan in place at the end of February 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>13</p> <p>(0)</p>	<p>100%</p> <p>9</p> <p>(0)</p>	<p>Nil Return</p>	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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% (67) [67]	100% (75) [75]	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% (58) [58]	100% (69) [69]	97.4% (38) [37]	
	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	62.5% (16) [10]	87.5% (24) [21]	83.3% (18) [15]	
	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% (16) [16]	100% (22) [22]	100% (11) [11]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
	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	90.9% (197) [179]	65.6% (183) [120]	63% (127) [80]	
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	43.8% (178) [78]	27.1% (140) [38]	16.8% (101) [17]	
	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.	73.9% (23) [17]	100% (17) [17]	50% (20) [10]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st March 2017, 53 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 73 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	100% < 13 wks (0)	<p>Assessment within 13 wks Target Line</p>

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND													
			FEB	MAR	APR														
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	30 th April 2017 – 121 total waiters:-	95.4% (8)	100% (0)	100% (0)	<p style="font-size: small; margin-top: 5px;"> █ <13 weeks from assessment to treatment — Target Line </p>													
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>0 – 4 wks</td><td style="text-align: right;">13</td></tr> <tr><td>>4 – 8 wks</td><td style="text-align: right;">104</td></tr> <tr><td>>8 – 13 wks</td><td style="text-align: right;">4</td></tr> <tr><td>> 13 wks</td><td style="text-align: right;">0</td></tr> <tr><td>Total</td><td style="text-align: right;">121</td></tr> </table> <p>Longest wait = 67 days</p> <p>% = compliance (n) = breaches</p>		0 – 4 wks									13	>4 – 8 wks	104	>8 – 13 wks	4	> 13 wks	0	Total	121
0 – 4 wks	13																		
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>8 – 13 wks	4																		
> 13 wks	0																		
Total	121																		
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 30 th April 2017	85 (180)	105 (208)	140 (243)		Gateway	Disability	FIT	Total									
		< 1 wk				25	3	5	33										
		1-4 wks				33	6	31	70										
		4-8 wks				38	13	25	76										
		> 8 wks				33	8	23	64										
		Total				129	30	84	243										
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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: 270 individuals enrolled in the service by March 2017	160 referrals 29 enrolled in the service	28 enrolled Cum 57	52 enrolled Cum 109	71 enrolled Cum = 180	Targets for enrolment in stop smoking services will not be met and this is partially due to staff sickness and staff being involved in implementing Smoke Free Sites. Although target may not be reached we have seen an increase of prescribing of Nicotine replacement therapy across all three hospital site due to training and PGD
		Target: 60% Quit rate at 4 weeks n = number quit at 4 wks % = Quit rate	32 quit at 4/52 (some 4 week follow ups from the previous quarter) 110% Quit rate	19 quit at 4 weeks 67% quit rate at 4 weeks	51 quit at 4 week = 98%	62% quit at 4 weeks	
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: 130 individuals enrolled in the service. n = number enrolled	116 referred 44 enrolled in the service	33 enrolled (Cum 77)	42 enrolled Cum 119	26 enrolled (cum= 145)	
		Target: 60% Quit rate at 4 weeks (n) = number enrolled n = number quit at 4 wks % = Quit rate	36 quit at 4/52 81% quit rate at 4 weeks	31 quit at 4 weeks 94% quit rate at 4 weeks	36 quit at 4 weeks 86%	81% quit rate at 4 weeks	

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	524	521	524		
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	11	40 (cum total)	67 (cum total)		

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND						
			Q1	Q2	Q3	Q4							
Absenteeism	By March 2017 demonstrate a 5% reduction on absenteeism from 2015-16	2015-16 Year End absence was 6.64% (target 6.5%) HR to work collaboratively with the operational Directorates to address absence figures.	6.18	6.10 (cum to end Aug)	6.72 (Dec not included)	6.64 (cum)	Q4: 2015-16 = 6.72% Q4: 2014-15 = Not Avail Q4: 2013-14 = Not Avail						
Investors In People	By March 2017 trust-wide liP re-accreditation completed using an internal review approach.	Trust-wide liP reaccreditation has been achieved.	67%	67%	98%	100%							
Induction	By March 2017, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	Classroom induction attended by 90% of new staff within 3 months of their start date in 2016-17 but only 67% overall completed the blended component.	79% (cum)	79% (cum)	68% (cum)	67% (cum)	Q4: 2015-16 = 73% Q4: 2014-15 = 66% Q4: 2013-14 = 79%						
KSF Appraisal	Improve take-up in annual appraisal of performance during 2016/17 by 5% on previous year ie 44% by end March 17.	48% appraisal uptake at Year-end 2015-16 (target 41.5%) both corporately and for HR. <table border="1" data-bbox="712 1206 1055 1305"> <thead> <tr> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>37%</td> <td>40%</td> <td>48%</td> </tr> </tbody> </table> (Rolling total: Apr16 – Mar17 = 48%)	Jan	Feb	Mar	37%	40%	48%	10%	19%	32%	48%	New recording mechanism allows for breakdown by Directorate and by named managers. Q4: 2015-16 = 42% Q4: 2014-15 = 39% Q4: 2013-14 = 38%
Jan	Feb	Mar											
37%	40%	48%											

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
KSF Appraisal	By March 2017, 95% of Medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 88% appraisal uptake at Year-end 2016-17 (target 95%).	25%	43%	62%	88%	
Equality	To ensure that all staff who require a face-to-face interpreter have access to, and are competent to use, the Regional Interpreting Service.	This is essential to ensure that Service Users have equal access to Trust services and associated communications	100%	100%	100%	100%	
	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
Recruitment	By March 2017, to improve recruitment times to 25 days from date released from Scrutiny to Final Offer – excluding Access NI & Occupational Health	There has been a reduction in the time taken. There has been a decrease in the number of posts coming through – managers are now using new system and initially it may be taking them longer to process until they are familiar with the system. Also, some directorates have already moved to Shared Services so there has been a decrease in number of requisitions to be processed by General Recruitment allowing more time to concentrate on directorates that have not yet transitioned to SS. At 2015-16 Year-end recruitment time was 30 days.	39days	33 days	29 days	Not Available	*NOTE re Q4 -The general recruitment activity has transitioned to Recruitment Shared Services and so this figure cannot be measured within the Trust any longer. Specific Customer Forum meetings with RSSC and the Trust will address these issues in the future.

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
Bank	By March 17 reduce Agency Usage within all Corporate Bank Users to 15% and increase Bank usage to 85%	At Year-end 2016-17: 88% Bank, 12% Agency	85% Bank/ 15% Agency	84% Bank / 14% Agency Cumulative 84.5% Bank 15.5% Agency	87% Bank / 13% Agency Cumulative 85.3% Bank 14.7% Agency	88% Bank / 12% Agency Cumulative 86% Bank 14% Agency	
	By March 17 to increase the Users of the Corporate Bank Service by 25%	At Year-end 2016-17: 48.43% increase new users.	21% increase in new Users	10.3% increase in new users from Q1 Cumulative 34% increase	8.1% increase new users from Q2. Cumulative 44.5% increase	3.2% increase new users from Q3. Cumulative 48.43% increase	
HRPTS	By end December 2016 all recruitment to be processed using eRec via Shared Services	Adult Services & PHC only Directorate to still go-live	20%	20%	91%	100%	
	100% of HRPTS users to be accessing payslips online by October 2016 (excludes special provisions for L-Term leave, etc.)	At Year-end 53% users, with HRPTS access accessing payslips online. Further paperless deployment has been halted due issues with Shared Services Payroll e.g. staff with multiple contracts.	31%	42%	53%	53%	Work ongoing to identify further areas that can go paperless in April/May 2017.

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
Staff Well-Being	To increase the number of staff engaging in the physical activity programmes by 5% year on year.	Base line figures 2015/16 = 2,636 Target = 2768	2024	395 attended (Cum 2419) No sessions July & August	922 Attended (Cum 3341)	1801 (cum = 5,142)	Figures for new initiatives such as couch to 5 K will be collated in Q4 This increase is due to new health & wellbeing initiatives on the Ulster Site which began in October 2016
	To deliver staff health checks as part the Leap Forward initiative	In 2016/17 the number of commissioned sessions has increase due to demand	164 staff attended	23 attended No session July & August	119 staff attended a health check	116	Cum = 16/17n 422 staff attended a health check
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31 st March 2017	The Trust is confident of meeting its statutory breakeven duty in 2016-17, this will be achieved through largely non-recurrent means. The forecast recurring core deficit for 2017-18 is £39.3m with the total resourcing required, including the revenue consequences of Phase B is £51.8m.					