

Performance Management Framework

Corporate Scorecard

May 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 05.06.2017.

SAFE AND EFFECTIVE CARE

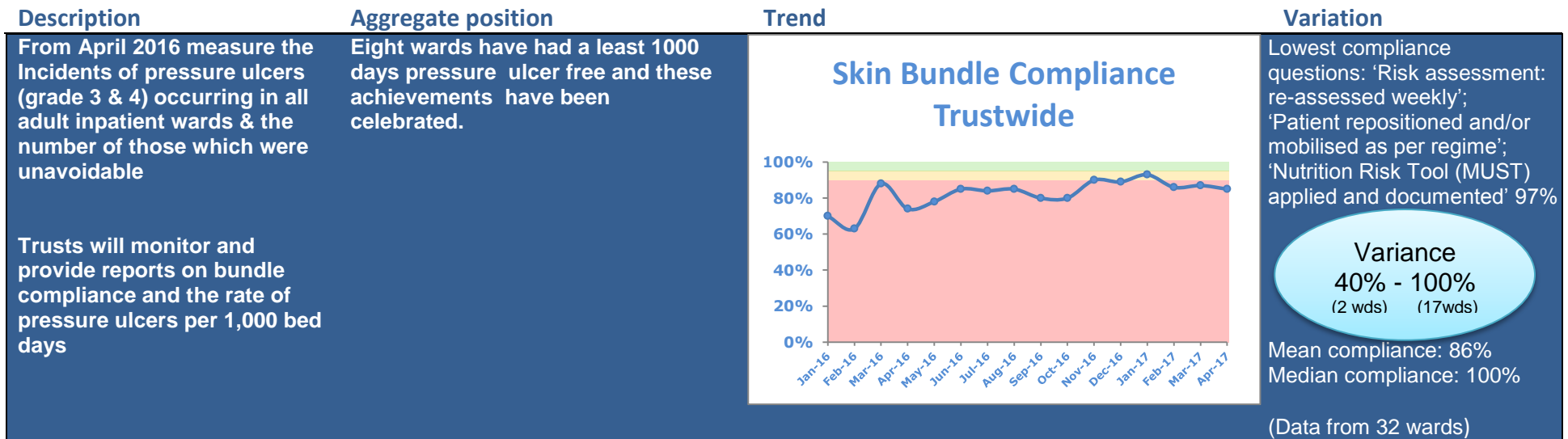
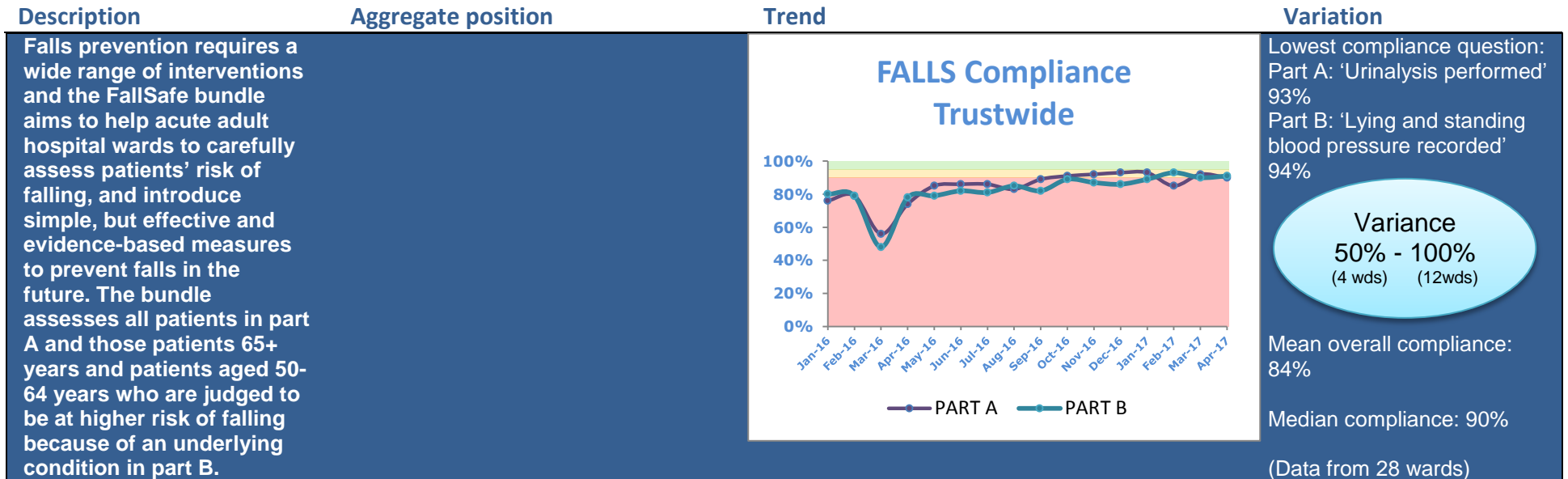
May 2017

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.06.2017.

Description	Aggregate position	Trend	Variation
<p>The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process is measured across all wards each month through a random sample of 10 patient charts in each area.</p>	<p>The Directorate was able to facilitate 3 members of staff to carry out further work on NEWS for an eight week time period.</p>	<p>NEWS Compliance Trustwide</p>	<p>Lowest compliance questions: 'Part 1: Evidence of appropriate action' 95% 'Part 1: Observations recorded to this frequency' 95%</p> <p>Variance 40% - 100% (1 wd) (19wds)</p> <p>Mean compliance: 91%</p> <p>Median compliance: 100%</p> <p>(Data from 35 wards)</p>

Description	Aggregate position	Trend	Variation
<p>Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2016/17</p>		<p>VTE Compliance Trustwide</p>	<p>Variance 70% - 100% (2 wds) (17wds)</p> <p>Mean compliance: 94%</p> <p>Median compliance: 100%</p> <p>(Data from 28 wards)</p>

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.06.2017.



SAFE & EFFECTIVE CARE

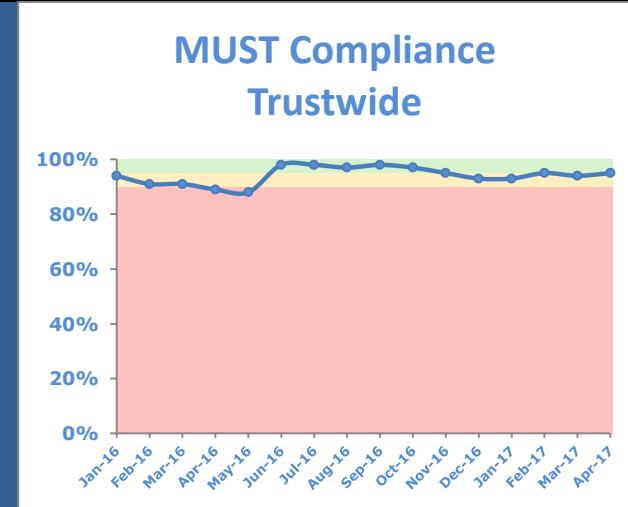
Description

Good nutrition is fundamental for health, healing and recovery from illness and injury. Nutritional screening is a first-line process of identifying patients who are already malnourished or at risk of becoming so and should be undertaken by the nurses on patient admission to hospital.

Aggregate position

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

Trend



Variation

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

Variance
60% - 100%
(1 wds) (28wds)

Mean compliance: 95%

Median compliance: 100%

(Data from 34 wards)

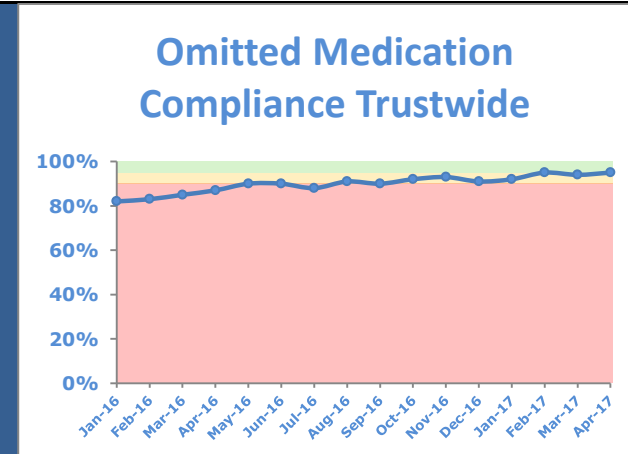
Description

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

Aggregate position

There has been a steady increase in compliance with this KPI

Trend



Variation

Variance
70% - 100%
(1 wds) (20wds)

Mean compliance: 94%

Median compliance: 100%

(Data from 36 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%	<p>Bar chart showing Environmental Cleanliness scores for SET, UH, LVH, and DH across five quarters (Q4 15/16 to Q4 16/17). A red horizontal line indicates the Regional Target at 90%. The chart shows scores generally above the target, with UH at 87% in Q1 16/17.</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 15/16</td> <td>95%</td> <td>91%</td> <td>97%</td> <td>97%</td> </tr> <tr> <td>Q1 16/17</td> <td>92%</td> <td>87%</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>Q2 16/17</td> <td>95%</td> <td>91%</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>Q3 16/17</td> <td>96%</td> <td>93%</td> <td>97%</td> <td>97%</td> </tr> <tr> <td>Q4 16/17</td> <td>95%</td> <td>93%</td> <td>97%</td> <td>95%</td> </tr> </tbody> </table>	Quarter	SET	UH	LVH	DH	Q4 15/16	95%	91%	97%	97%	Q1 16/17	92%	87%	95%	95%	Q2 16/17	95%	91%	95%	95%	Q3 16/17	96%	93%	97%	97%	Q4 16/17	95%	93%	97%	95%
			Quarter	SET	UH	LVH	DH																															
			Q4 15/16	95%	91%	97%	97%																															
			Q1 16/17	92%	87%	95%	95%																															
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Q4 16/17	95%	93%	97%	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																			
			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<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>MAR</th> <th>APR</th> <th>MAY</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td>1 (cum 52)</td> <td>7 (cum 7)</td> <td>3 (cum 10)</td> </tr> <tr> <td>MRSA</td> <td>0 (cum 13)</td> <td>0 (cum 0)</td> <td>0 (cum 0)</td> </tr> </tbody> </table>		MAR	APR	MAY	C Diff	1 (cum 52)	7 (cum 7)	3 (cum 10)	MRSA	0 (cum 13)	0 (cum 0)	0 (cum 0)	<p>Legend: C Diff (Cum) (blue line), Target (red line)</p>
			2015/16 Target	2016/2017 Target																					
C Diff	Target <55	Target<55																							
MRSA	Target <7	Target<7																							
	MAR	APR	MAY																						
C Diff	1 (cum 52)	7 (cum 7)	3 (cum 10)																						
MRSA	0 (cum 13)	0 (cum 0)	0 (cum 0)																						
<p>Legend: MRSA (Cum) (blue line), Target (red line)</p>																									

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	MAY 16	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	
Outpatient waits	Min 50% <9 wks for first appt (was 60% in 15/16)	35.4%	34.2%	31.2%	29.4%	29.5%	28.9%	27.4%	23.8%	23.2%	23.9%	25.7%	24.2%	23.2%	
	All <52 wks (was 18 wks)	91.4%	90.7%	90.0%	89.3%	88.4%	87.6%	86.3%	84.6%	83.6%	82.5%	81.1%	79.3%	77.7%	
Diagnostic waits	Imaging 75% <9 wks (was all >9wks)	83%	83.2%	84.8%	84.2%	83.7%	86.3%	81.7%	74.4%	73.6%	76.3%	75.7%	70.2%	69%	
	Physiological Measurement <9 wks	69.9%	65.3%	56.2%	56.1%	58.4%	58.9%	58.4%	56.2%	61%	65%	70.3%	66.6%	64.7%	
	Diag Endoscopies	< 9 wks	36.7%	37.8%	37.8%	35%	34%	39%	50.4%	55%	56%	53%	52%	46.5%	44%
		< 13 wks	71%	70%	65%	64%	64%	66%	66%	61.7%	59%	63%	64%	58.7%	59%
Inpatient & Daycase Waits	Min 55% <13 wks (was 65%)	49.2%	46.5%	45.5%	44%	44%	49%	52%	52.5%	52%	52%	52%	49%	48%	
	All <52 wks (was 26 wks)	88.7%	87.9%	87.3%	88%	88%	90%	90.5%	91%	90%	90%	89%	89%	88%	
Diagnostic Reporting	Urgent tests reported <2 days	95.2%	94.4%	95.5%	94.5%	95%	95.6%	93.3%	94.1%	95.1%	94.2%	95.5%	92.5%	95.6%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	83.6%	82.4%	81.4%	80.2%	82.9%	81.5%	80.0%	74.9%	77.9%	80.3%	78.6%	78.1%	79.6%
		12hr breaches	74	75	86	83	24	52	133	208	393	98	82	204	183
	UHD	4hr performance	75.7%	74.2%	74.3%	71.3%	74.5%	73.4%	72.0%	66.3%	68.8%	72.3%	68.3%	67.3%	66.6%
		12hr breaches	66	63	68	79	22	44	114	177	351	74	63	203	177
	LVH	4hr performance	90.8%	88.3%	87.6%	87.1%	92.1%	88.8%	88.9%	81.9%	84.5%	86.6%	86.6%	89.7%	89.7%
		12hr breaches	0	0	0	1	0	0	0	0	14	1	0	0	2
	DH	4hr performance	92.4%	92.3%	89.8%	90.4%	90.0%	90.7%	88.6%	85.2%	88.8%	88.8%	90.6%	93.2%	93.1%
		12hr breaches	8	12	18	3	2	8	19	31	28	23	19	1	4
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	91.5%	89.6%	86.0%	89.3%	88.4%	89.3%	88.8%	84.3%	90.3%	91.5%	86.2%	87.7%	85.1%	
Non Complex discharges	ALL <6hrs	88.1%	87.0%	87.0%	87.2%	86.9%	88.7%	86.1%	87.4%	87.8%	87.4%	87.4%	86.8%	84.5%	
Hip Fractures	>95% treated within 48 Hours	81%	82%	75%	65%	68%	81%	82%	80%	100%	81%	86%	79%	58%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis (was 13%)	13.3%	20.7%	5.8%	9.8%	13%	17.6%	18.9%	3.7%	20.7%	10.3%	15.6%	17.2%	22.7%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	52%	56%	70%	44%	37%	34%	38%	43%	43%	52%	58%	53%	53%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)	15.5% (201) 25	27.4% (188) 29	100% (0) 14	97.2% (7) 21	100% (0) 14	100% (0) 14	100% (0) 14	100% (0) 13	99.5% (1) 16	80.5% (42) 19	95.3% (11) 17	100% (0) 60	100% (0) 14	100% (0) 11
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)	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)	95% (6)	
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Psoriasis (n) - Breaches	77.8% (2)	100% (0)	75% (1)	72% (2)	100% (0)	100% (0)	75% (2)	78% (2)	75% (2)	60% (2)	100% (0)	88% (2)	100% (0)	

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	98.5%	98.5%	95.8%	97.6%	89.6%	92.3%	94.3%	97.2%	97.9%	99.4%	97.6%	94.2%	97.7%	
	% routine tests reported <28 days (Target formerly 100%)	99.8%	99.6%	98.9%	98.8%	96.4%	98.4%	95.9%	99.9%	99.6%	99.9%	98%	97%	99.5%	
% Operations cancelled for non-clinical reasons	May 17 – UHD 13 cancelled due to Ward Bed availability, 8 Emergencies, 6 ED Hospital Pressures, 3 Admin Error, 3 Non Clinical reason and 2 Surgeon unavailable	SET	0.8%	0.9%	1.5%	1.1%	1.8%	1.3%	1.6%	1.2%	1.6%	1.1%	1.3%	1.9%	1.5%
		UHD	0.8%	0.7%	1.8%	1.8%	2.6%	1.4%	1.5%	1.7%	2.7%	1.7%	1.4%	3.6%	2.7%
		AR	1.2%	1.3%	0%	0.2%	0.2%	0.4%	2.4%	0.5%	0%	0.3%	1%	0.2%	1.9%
		LVH	0%	0.9%	0.9%	0.9%	2%	2.2%	1.5%	1.4%	0.8%	0.8%	1%	0.8%	0.3%
		DH	2.1%	1.0%	3%	0%	1.2%	0.2%	1.5%	0.2%	1.6%	1%	1.4%	0.6%	0.4%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 39%	Cum 33%	Cum 28%	Cum 26%	Cum 25%	Cum 23%	Cum 23%	Cum 23%	Cum 24%	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%	Cum 82%	Cum 80.6%	Cum 79.4%	Cum 79.8%	Cum 79.1%	Cum 79.7%	Cum 79.6%	Cum 79.8%	Cum 79.7%	Reported 3 mths in arrears			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	12041	11795	11296	11783	11770	11731	11177	11230	11180	10278	12241	11453	12783	
	Ulster Hospital	7989	7892	7747	8016	7817	8042	7552	7741	7575	6879	8108	7785	8466	
	Lagan Valley Hospital	2123	2102	1835	1947	2132	2028	1943	1858	1898	1816	2169	1794	2238	
	Downe Hospital (inc w/end minor injuries)	1929	1801	1714	1820	1821	1661	1682	1631	1707	1583	1964	1874	2079	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	9.2%	9.3%	9.8%	9.8%	9.2%	9.2%	10%	10.5%	10.5%	9.7%	9.1%	9.4%	9.4%	
	By March 2017, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	22.5%	16.0%	18.2%	25.4%	3.4%	20.5%	21.7%	30.2%	25.5%	11.5%	11.2%	21.1%	23.6%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5885	6273	5112	5925	6108	5930	5861	5001	5701	5577	6537	5064	6354	
Other Operative Fractures	>95% within 48hrs	82%	84%	84%	64%	63%	78%	80%	83%	90%	74%	75%	79%	57%	
	100% within 7 days	100%	98.8%	98.8%	90.5%	91.6%	100%	96%	100%	100%	98.6%	98.6%	97.1%	95%	
Stroke	No of patients admitted with stroke	30	29	34	41	35	34	37	27	29	29	32	29	44	
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)	42.4% (21)
		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)	37.8% (434)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.7	6.1	6.1	6.1	5.8	5.3	5.9	6.1	7.1	5.8	5.8	6.0	5.7
	Ave LOS trimmed	4.4	4.8	4.7	4.8	4.7	4.5	4.8	4.9	5.4	4.7	4.7	4.6	4.5
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10.9	9.5	8.7	9.6	9.8	9.6	8.9	10	11.2	12.8	9.6	8.8	10
	Ave LOS trimmed	7	7.5	6.8	7	7.2	7.1	6.8	7.5	7.1	7.5	6.8	7.4	7.1
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	86.8%	88%	87.6%	79.8%	84.3%	86.4%	83%	77.6%	79.4%	85.2%	81.2%	79.2%	76.3%
	% NEW attendances who left without being seen (Target < 5%)	2.5%	2.6%	3.1%	3%	2.8%	2.7%	2.5%	3.4%	2.3%	2.1%	2.8%	2.7%	3%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.9%	3%	2.9%	2.7%	2.8%	2.7%	2.7%	2.2%	2.7%	2.8%	2.8%	2.7%	2.7%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	59.8%	54.4%	51.7%	57.9%	53.3%	56%	58.3%	49.4%	56.3%	59.3%	49.7%	52.7%	48.7%

Hospital Services – Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Complaints	How many complaints were received this month?	39	30	40	27	38	39	31	27	23	22	34	37	28
	What % were responded to within the 20 day target? (target 65%)	51%	47%	65%	44%	45%	54%	45%	56%	65%	45%	38%	32%	39%
	How many were outside the 20 day target?	19	16	14	15	21	18	17	12	8	12	21	25	17
Freedom of Information Requests	How many FOI requests were received this month?	4	3	9	12	8	6	9	10	12	14	4	13	12
	What % were responded to within the 20 day target? (target 100%)	50%	67%	88%	75%	0%	33%	67%	90%	58%	43%	100%	85%	58%
	How many were outside the 20 day target?	1	1	1	3	8	4	3	1	5	6	0	2	5

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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.	% = 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)	25.7%	24.2%	23.2%	
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)	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>	75.7%	70.2%	69.0%	
			Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	70.3%	66.6%	
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy. No patient should wait longer than 13 weeks for other endoscopies.	Diagnostic Endoscopies Inpatient / Day Case (9 wk target) (this is a subset of the Day-case target reported overleaf)	52%	46.5%	44%	
Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches		64%	58.7%	59%		
			[53634] (39826) {9966}	[55344] (41946) {11459}	[56664] (43545) {12629}	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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>(4140)</p>	<p>49%</p> <p>(4525)</p>	<p>48%</p> <p>(4614)</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>89%</p> <p>(959)</p>	<p>89%</p> <p>(1007)</p>	<p>88%</p> <p>(1109)</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>95.5%</p> <p>(79)</p> <p>[1749]</p>	<p>92.5%</p> <p>(119)</p> <p>[1594]</p>	<p>95.6%</p> <p>(75)</p> <p>[1705]</p>	<p>Legend: Urgent <2 days, Target Line</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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>14266 [11220] 78.6% (82)</p>	<p>SET</p> <p>13084 [10225] 78.1% (204)</p>	<p>SET</p> <p>14978 [11779] 79.6% (183)</p>	
			<p>UH</p> <p>8108 [5536] 68.3% (63)</p>	<p>UH</p> <p>7785 [5240] 67.3% (203)</p>	<p>UH</p> <p>8466 [5642] 66.6% (177)</p>	
			<p>LVH</p> <p>2169 [1879] 86.6% (0)</p>	<p>LVH</p> <p>1794 [1609] 89.7% (0)</p>	<p>LVH</p> <p>2238 [2007] 89.7% (2)</p>	
			<p>DH</p> <p>1964 [1780] 90.6% (19)</p>	<p>DH</p> <p>1874 [1746] 93.2% (1)</p>	<p>DH</p> <p>2079 [1935] 93.1% (4)</p>	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	<p>All qualifying patients in SET beds.</p> <p>Main reason for delay is patient awaiting transport from friends, family or ambulance service.</p> <p>n = Non-complex discharges (n) = breaches</p> <p>Apr was 86.8% 2755 (364) now 87.9% 2757 (361)</p>	<p>87.4%</p> <p>3072 (387)</p>	<p>86.9%</p> <p>2757 (361)</p>	<p>84.5%</p> <p>2918 (452)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% = % treated within 48 hours. n = number of fractures (n) = number < 48 hours [n] = number >48 hours	86%	79%	58%	<p>Hip Fractures</p> <p>Legend: % Hip Fractures < 48 hrs (teal bars), Target Line (red line)</p>
			36	33	36	
			(31)	(26)	(21)	
			[5]	[7]	[15]	
Other Operative Fractures	95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment. No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)	% is performance against 48 hour target. n = number of fractures (n) = number < 48 hours [n] = number >48 hours {n} = number > 7days	75%	79%	57%	<p>Other Fractures</p> <p>Legend: Fractures % < 48hrs (teal bars), Target Line (red line)</p>
			76	70	93	
			(57)	(55)	(53)	
			[19]	[15]	[40]	
			{1}	{2}	{5}	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis. (2015/16 Target = 13%)	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	15.6%	17.2%	22.7%	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.
			5	5	10	
			(32)	(29)	(44)	

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 39 SET CBYL referrals received during May 2017.</p> <p>% = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches</p>	<p>100%</p> <p>(41)</p> <p>[0]</p>	<p>100%</p> <p>(52)</p> <p>[0]</p>	<p>100%</p> <p>(39)</p> <p>[0]</p>	<p>7 declined service</p> <p>1 open to CMHT and followed up</p> <p>1 open to CAT and followed up</p> <p>1 open to LD</p> <p>2 DNAs</p>																																										
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	<p>% = % who began treatment within 62 days n = number of patients seen (n) = breaches</p> <p>Circumstances can create breaches which are shared with another Trust.</p> <p>In May 2017, 78.5 patients were seen. There were 37 breaches involving 49 patients, of whom 24 were shared.</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Apr was 53%, 53.5 seen (25), now 50% 63 seen (31.5) breaches</p> <p>Mar was 56%, 75.5 seen (33), now 55% 76 seen (34) breaches</p>	<p>55%</p> <p>76</p> <p>(34)</p>	<p>50%</p> <p>63</p> <p>(31.5)</p>	<p>53%</p> <p>78.5</p> <p>(37)</p>	<table border="1"> <caption>62 Day Target Performance Data</caption> <thead> <tr> <th>Month</th> <th>62 Day Target (%)</th> <th>Target Line (%)</th> </tr> </thead> <tbody> <tr><td>May-16</td><td>55</td><td>95</td></tr> <tr><td>June</td><td>53</td><td>95</td></tr> <tr><td>July</td><td>70</td><td>95</td></tr> <tr><td>Aug</td><td>45</td><td>95</td></tr> <tr><td>Sep</td><td>35</td><td>95</td></tr> <tr><td>Oct</td><td>35</td><td>95</td></tr> <tr><td>Nov</td><td>40</td><td>95</td></tr> <tr><td>Dec</td><td>40</td><td>95</td></tr> <tr><td>Jan-17</td><td>40</td><td>95</td></tr> <tr><td>Feb</td><td>55</td><td>95</td></tr> <tr><td>Mar</td><td>55</td><td>95</td></tr> <tr><td>Apr</td><td>53</td><td>95</td></tr> <tr><td>May</td><td>53</td><td>95</td></tr> </tbody> </table>	Month	62 Day Target (%)	Target Line (%)	May-16	55	95	June	53	95	July	70	95	Aug	45	95	Sep	35	95	Oct	35	95	Nov	40	95	Dec	40	95	Jan-17	40	95	Feb	55	95	Mar	55	95	Apr	53	95	May	53	95
Month	62 Day Target (%)	Target Line (%)																																														
May-16	55	95																																														
June	53	95																																														
July	70	95																																														
Aug	45	95																																														
Sep	35	95																																														
Oct	35	95																																														
Nov	40	95																																														
Dec	40	95																																														
Jan-17	40	95																																														
Feb	55	95																																														
Mar	55	95																																														
Apr	53	95																																														
May	53	95																																														

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days	100%	100%	100%	
		[n] = number of referrals received	[252]	[211]	[210]	
		n = number of completed referrals	241	210	195	
		(n) = breaches	(0)	(0)	(0)	
		{n} = longest wait in days	{60}	{14}	{11}	
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	97%	93%	95%	
		n = number of patients	92	83	114	
		(n) = breaches	(3)	(6)	(6)	
Cancelled Appointments	By March 2017 reduce by 20% the number of hospital cancelled consultant-led outpatient appointments.	% = % reduction on baseline	11.3%	21.1%	23.6%	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
		n = number of cancelled appointments	1777	1581	1531	
		(n) = cancellations over target	(175)	(-23)	(-73)	
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	100%	100%	100%	
		(n) = total waiting	(7)	(5)	(8)	
		[n] = breaches	[0]	[0]	[0]	
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks	100%	88%	100%	
		(n) = total waiting	(6)	(9)	(8)	
		[n] = breaches	[0]	[2]	[0]	

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	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY
Allied Health Professions waits	All < 13 weeks	96.8%	96.9%	95.4%	94.5%	93.7%	93.9%	95.5%	92.9%	92.1%	90.1%	96.9%	93.7%	92.6%
Complex Discharges	Min. 90% <48hrs (SET TOR)	57.8%	64.4%	70.5%	72.2%	66%	68.1%	62.4%	69.4%	62.2%	66.9%	69.5%	77%	80.3%
	Min. 90% <48hrs (All in SET beds)	51.1%	56.1%	67.2%	66.2%	64.1%	62.8%	56.7%	64.8%	54%	64.2%	68.4%	70.2%	76.5%
	Number complex discharges	274	326	305	297	339	336	363	412	424	350	376	330	361
	ALL <7days	83.9%	84%	90.2%	89.3%	90.3%	89.3%	83.5%	86.2%	86.4%	90.3%	89.8%	92.6%	95%
	SET and Other TOR	Reporting from April 2017											94.8%	98.6%
	Belfast TOR	Reporting from April 2017											85.7%	83.1%
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	80%	80%	79%	82%	79%	82%	81%	80%	81%	82%	85%	81%	83%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	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)	71.5% (113)
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			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.	49	51	178	239	290	364	427	433	474	521	587	621	694
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)			Reported Quarterly	
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 541, Target = 595)	572	574	580	584	584	603	608	619	618	620	632	632	637
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)			Reported Quarterly	

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	
Assess and Treat Older People	All assessments completed <5 wks	100%	100%	100%	100%	100%	100%	100%	100%	98.5%	100%	100%	100%	100%	
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.9% (1)	100%	100%	100%	
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches	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)	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	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)	80.3% (185)
		<52wks (prev 18 wks).	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)	100% (0)
	From December 2016 Spinal figures are displayed separately here.	<9 wks								4.9% (481)	13.3% (312)	19.4% (145)	63.6% (8)	57.1% (3)	66.7% (1)
		<52wks								12.1% (445)	27.8% (260)	52.2% (86)	72.7% (6)	71.4% (2)	100% (0)

Directorate KPIs & SQE Indicators

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	47%	52%	49%	45%	49%	44%	45%	40%	50%	29%	45%	38%	38%	
	20% increase in number of staff using E-NISAT. Baseline = 140 Target = 168 / mth	174	223	194	199	209	228	221	240	231	224	242	224	228	
	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	87	90	93	97	99	101	104	105	104	103	105	104	106	
	District Nursing Caseload Allocation Compliance	North Down	0	5	0	0	0	3	0	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	3	0	0	25	0	0	0	0
Lisburn		0	0	0	0	0	11	0	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	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	12	7	6	9	10	9	11	9	13	8	15	11	4
	What % were responded to within the 20 day target? (target 65%)	58%	57%	83%	44%	50%	44%	73%	22%	38%	63%	53%	64%	50%
	How many were outside the 20 day target?	5	3	1	5	5	5	3	7	8	3	7	4	2
Freedom of Information Requests	How many FOI requests were received this month?	2	4	2	27	5	4	5	2	1	9	6	2	1
	What % were responded to within the 20 day target? (target 100%)	50%	75%	50%	33%	20%	25%	20%	0%	100%	44%	83%	100%	100%
	How many were outside the 20 day target?	1	1	1	18	4	3	4	2	0	4	1	0	0

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 2017 of 10480 patients on the AHP waiting list, are waiting longer than 13 weeks.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th>Service</th> <th>No on W/L</th> <th>Waiting >13 wks</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>5677</td> <td>360</td> <td style="background-color: red; color: white;">94</td> </tr> <tr> <td>OT</td> <td>1169</td> <td>91</td> <td style="background-color: red; color: white;">92</td> </tr> <tr> <td>Orthoptics</td> <td>322</td> <td>1</td> <td style="background-color: yellow;">99.7</td> </tr> <tr> <td>Podiatry</td> <td>1406</td> <td>16</td> <td style="background-color: yellow;">99</td> </tr> <tr> <td>S&LT</td> <td>1036</td> <td>243</td> <td style="background-color: red; color: white;">77</td> </tr> <tr> <td>Dietetics</td> <td>870</td> <td>66</td> <td style="background-color: red; color: white;">92</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	5677	360	94	OT	1169	91	92	Orthoptics	322	1	99.7	Podiatry	1406	16	99	S<	1036	243	77	Dietetics	870	66	92	96.9% [10069] (316)	93.7% [10309] (642)	92.6% [10480] (777)	<p style="font-size: small; text-align: center;"> ■ 13 Week — Target Line </p>
Service	No on W/L	Waiting >13 wks	Compliance																															
Physio	5677	360	94																															
OT	1169	91	92																															
Orthoptics	322	1	99.7																															
Podiatry	1406	16	99																															
S<	1036	243	77																															
Dietetics	870	66	92																															
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>Mar was 69.7% (82) now 70% (81) Apr was 77% (50) now 77.4% (50)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	70% (81)	77.4% (50)	80.3% (46)	<p style="font-size: small; 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>Mar was 68.4% (374) now 68.6% (376) Apr was 70.2% (326) now 70.6% (330)</p> <p>There were also corresponding changes in the Trust of residence figures.</p>	68.6% (376) >48 hrs By Trust of res SET 71 BT 45 ST 2	70.6% (330) >48 hrs By Trust of res SET 53 BT 42 ST 2	76.5% (361) >48 hrs By Trust of res SET 46 BT 37 NT 1 ST 1	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying patients (any Trust of Residence) in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p> <p>Mar was 89.8% 374 (38) now 89.9% 376 (38) Apr was 92.6% 326 (24) now 92.7% 330 (24)</p>	89.9% 376 (38) SET 19 BT 17 ST 2	92.7% 3330 (24) SET 13 BT 11	95% 361 (18) SET 3 BT 14 ST 1	<p>Legend: SET Residents (Teal bars), Target Line (Red line)</p>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying SET and other Trust of Residence patients in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:- Apr was 94.8% 249 (13) now 94.9% 253 (13) New reporting format – April 2017</p>		94.9% 249 (13)	98.6% 278 (4)	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying Belfast Trust Residents in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:- New reporting format – April 2017</p>		85.7% 77 (11)	83.1% 83 (14)	

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	600	722	667	736	
			(cum 1130)	(cum 1730)	(cum 722)	(cum 1389)	(cum 2125)	

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)		632	632	637	<p style="text-align: center;"> ■ Direct Payments — Target </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 In Month 4975 MPD 76.5%</p> <p>Cum 62471 MPD 91.14%</p>	<p>TF3 In Month 5536 MPD 73.7%</p> <p>Cum 68007 MPD 87.2%</p>	<p>TF3 In Month 5357 MPD 73.8%</p> <p>Cum 5357 MPD 73.8%</p>	No of patients in May 2017 benefiting from remote tele monitoring = 176 patients .
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 8215 MCDs 109.4%</p> <p>Cum 87044 MCD 109%</p>	<p>In Month 9088 MCDs 121%</p> <p>Cum 96132 MCD 110%</p>	<p>In Month 11157 MCDs 149%</p> <p>Cum 11157 MCD 149%</p>	The number of patients benefiting from remote telecare monitoring = 290 clients (3 lower than previous month).

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	80%	80%	79%	82%	79%	82%	81%	80%	81%	82%	85%	81%	83%
	100% of less urgent calls triaged within 1 hour	71%	73%	69%	74%	72%	70%	69%	61%	67%	73%	73%	66%	65%

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	MAY 16	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	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.	4	5	6	7	8	10	10	10	9	11	11	13	13
Adult MH Services waits	All < 9 weeks	100%	100%	99.6%	100%	100%	100%	100%	100%	100%	100%	99.8%	100%	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)			Reported Quarterly	
Discharge and Follow-up	99% < 7days of decision to discharge	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%
	All < 28 days (no. Breaches)	4	4	5	6	5	3	3	3	3	4	7	8	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	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY
Mental Health	By March 2017, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	12	13	13	14	11	12	12	11	11	11	11	11	10

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

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

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>% = % compliance</p> <p>(n) = number on waiting list</p> <p>[n] = number waiting > 9 weeks</p>	99.8%	100%	100%	
			(581)	(681)	(540)	
			[1]	[0]	[0]	
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 May 2017, 3 were not discharged within 7 days	100%	95%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 8 delayed discharges in May 2017 – pending accommodation and this is now being monitored through the newly appointed HTT in-reach worker.	7	8	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 42 SET discharges in April 2017 for follow up within 7 days. All were seen within 7 days.	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%			
May 2017	LVH	9	90%			
	MHIPU	10	100%			
	Ward 27	10	100%			

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY
Discharge	99% <7days of decision to discharge	100%	100%	100%	99.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	11	11	11	11	10	10	11	11	11	8	8	8	9
	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	51	68	88	100	138	164	171	270	319	362	391	402
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	572	574	580	588	584	603	608	619	618	620	632	632	637

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	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	205	204	205	208	210	214	219	220	217	219	225	228	229
	By March 2017, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	264	263	265	265	264	271	273	278	281	287	291	289	292
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	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)	4 (cum 5)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	94%	98.1%	97.6%	87.5%	94.2%	95%	100%	91%	95%	100%	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 (cum 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	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	3	3	0	2	2	3	3	2	1	0	1	0	1
	What % were responded to within the 20 day target? (target 65%)	67%	67%	n/a	100%	0%	33%	100%	50%	100%	n/a	100%	n/a	100%
	How many were outside the 20 day target?	1	1	0	0	2	2	0	1	0	0	1	0	0
Freedom of Information Requests	How many FOI requests were received this month?	1	1	0	1	1	2	1	3	0	0	0	1	1
	What % were responded to within the 20 day target? (target 100%)	100%	0%	n/a	0%	0%	0%	100%	0%	n/a	n/a	n/a	100%	0%
	How many were outside the 20 day target?	0	1	0	1	1	2	0	3	0	0	0	0	1

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 May.	100%	100%	100%																												
	No discharge taking longer than 28 days.	The Trust currently has 12 people awaiting discharge, 9 of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	10 (8)	10 (8)	12 (9)	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>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>29-90</td> <td>2</td> <td>4</td> <td>3</td> </tr> <tr> <td>91-365</td> <td>3</td> <td>3</td> <td>1</td> </tr> <tr> <td>>365</td> <td>3</td> <td>3</td> <td>8</td> </tr> <tr> <td>Total</td> <td>10</td> <td>10</td> <td>12</td> </tr> </tbody> </table>	Delay in days	Mar	Apr	May	0-7	0	0	0	8-28	2	0	0	29-90	2	4	3	91-365	3	3	1	>365	3	3	8	Total	10	10
Delay in days	Mar	Apr	May																														
0-7	0	0	0																														
8-28	2	0	0																														
29-90	2	4	3																														
91-365	3	3	1																														
>365	3	3	8																														
Total	10	10	12																														
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	165	179	186																												
		Learning Disability	197	212	216																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	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)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	99.7% (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)	100% (0)
Inter-prison transfer	All prisoners to receive a “Transfer Health Screen” by Prison Healthcare Staff on the day of arrival.	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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.	98.9%	90.3%	83.5%	97.3%	94.4%	91.7%	100%	100%	100%	99.7%	94.1%	65.9%	88.5%
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	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	2	1	3	9	3	3	1	4	3	2	5	6	7
	What % were responded to within the 20 day target? (target 65%)	0%	0%	0%	33%	0%	0%	0%	25%	67%	100%	60%	100%	100%
	How many were outside the 20 day target?	2	1	3	6	3	3	1	3	1	0	2	0	0
Freedom of Information Requests	How many FOI requests were received this month?	1	0	2	1	0	3	1	4	2	0	0	1	0
	What % were responded to within the 20 day target? (target 100%)	100%	n/a	50%	0%	0%	33%	0%	75%	50%	n/a	n/a	100%	n/a
	How many were outside the 20 day target?	0	0	1	1	0	2	1	1	1	0	0	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.	100%	100%	100%																							
	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;">264</td> <td style="text-align: center;">218</td> <td style="text-align: center;">265</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;">57</td> <td style="text-align: center;">59</td> <td style="text-align: center;">64</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>			Mar	Apr	May	Maghaberry	Committals	264	218	265	Breaches	0	0	0	Hydebank	Committals	57	59	64	Breaches	3	3	0	99.1%	98.9%	100%
		Mar	Apr	May																								
Maghaberry	Committals	264	218	265																								
	Breaches	0	0	0																								
Hydebank	Committals	57	59	64																								
	Breaches	3	3	0																								
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%																							
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%																							

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	94.1% 668 (39)	65.9% 510 (174)	88.5% 733 (84)	
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% (10) [0]	100% (7) [0]	100% (10) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY
Psychological Therapies waits	All < 13 weeks	45.7%	42.8%	39.7%	34.9%	32.9%	35.4%	38.0%	35.4%	40.2%	40.7%	51.5%	53.8%	54.6%

Adult Services Directorate – Clinical Psychology Services – KPIs

	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY
Direct Contacts (cum)	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	2511 (4598)
Consultations (cum)	119 (187)	111 (298)	43 (341)	87 (428)	91 (519)	104 (623)	95 (718)	94 (812)	119 (931)	89 (1,020)	75 (1095)	92	171 (263)
Supervision - Hours (cum)	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	162 (306)
Staff training - Hours (cum)	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	113 (234)
Staff training - Participants (cum)	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	410 (701)

Adult Services Directorate – Psychology Services - Corporate Issues

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

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																			
			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	51.5%	53.8%	54.6%																																				
			(920)	(852)	(768)																																				
			[446]	[394]	[349]																																				
						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">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; text-align: center;">185</td> <td style="background-color: red; text-align: center;">165</td> <td style="background-color: red; text-align: center;">151</td> </tr> <tr> <td>Older People</td> <td style="background-color: red; text-align: center;">21</td> <td style="background-color: red; text-align: center;">22</td> <td style="background-color: red; text-align: center;">14</td> </tr> <tr> <td>Adult Learn Dis</td> <td style="background-color: red; text-align: center;">12</td> <td style="background-color: red; text-align: center;">16</td> <td style="background-color: red; text-align: center;">34</td> </tr> <tr> <td>Children's Learn Dis</td> <td style="background-color: red; text-align: center;">7</td> <td style="background-color: red; text-align: center;">9</td> <td style="background-color: red; text-align: center;">10</td> </tr> <tr> <td>Adult Health Psych</td> <td style="background-color: red; text-align: center;">221</td> <td style="background-color: red; text-align: center;">182</td> <td style="background-color: red; text-align: center;">140</td> </tr> <tr> <td>Children's Psych</td> <td style="background-color: green; text-align: center;">0</td> <td style="background-color: green; text-align: center;">0</td> <td style="background-color: green; text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="background-color: red; text-align: center;">446</td> <td style="background-color: red; text-align: center;">394</td> <td style="background-color: red; text-align: center;">349</td> </tr> </tbody> </table>				Breaches	Mar	Apr	May	Adult Mental Health	185	165	151	Older People	21	22	14	Adult Learn Dis	12	16	34	Children's Learn Dis	7	9	10	Adult Health Psych	221	182	140	Children's Psych	0	0	0	Total	446	394	349
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CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	MAY 16	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	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% (3)	Nil Return	100% (2)	100% (3)	100% (1)	100% (5)	100% (3)	100% (2)	100% (5)	100% (1)	100% (2)	100% (1)	100% (1)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	72.2% (5)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	95.7% (2)	100% (0)	100% (0)	100% (0)	97.4% (1)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	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)	82.4% (3)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	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)	86.4% (3)
	All Family Support referrals for assessment to be allocated <30 days from receipt	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)	74% (47)
	All Family support initial assessment completed <10 days of allocation	26.2%	19.3%	9.1%	27.6%	24.8%	33.9%	26.7%	27.9%	19.4%	43.8%	27.1%	16.8%	24%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	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)	75% (17)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	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)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	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)	99.5% (1)
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)			Reported Quarterly	
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	229	184	158	165	147	179	166	173	78	85	105	140	146
Unallocated cases	Total number of unallocated cases over 30 days in Children's Services			136	135	124	150	134	141	55	55	74	94	109

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY
Fostering	Number of Mainstream Foster Carers	319	320	323	319	310	314	320	320	316	320	325	329	328
	Number of children with Independent Foster Carers	20	22	24	32	28	28	29	28	29	28	29	33	32
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	94.8%	91.4%	91.1%	92.9%	92.5%	95.1%	92.2%	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%			Reported Quarterly	
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	46.4%	47.2%	49%	50%	45.7%	35.1%	42%	49.9%	44.7%	53.2%	46.7%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	315	273	247	224	217	272	242	295	161	180	208	243	249
	Family Centre Waiting List at month end	6	11	12	10	8	6	9	5	6	8	12	13	13
Care Leavers	At least 75% aged 19 in education, training or employment	71%	80%	79%	77%	81%	76%	77%	85%	82%	77%	80%	80%	78%

Children's Services - Corporate Issues

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

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>100%</p> <p>(2)</p>	<p>100%</p> <p>(1)</p>	<p>100%</p> <p>(1)</p>	
	<p>For every child taken into care, a plan for permanence and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.</p>	<p>There were 16 children taken into care during November 2016. 2 children were for Respite/Shared Care and 7 were discharged</p> <p>Of the remaining 7 children, all had a permanence plan in place at the end of May 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>9</p> <p>(0)</p>	<p>100%</p> <p>15</p> <p>(0)</p>	<p>100%</p> <p>7</p> <p>(0)</p>	

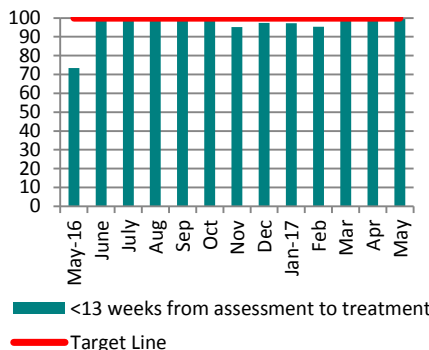
CHILDREN'S SERVICES

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% (75) [75]	100% (46) [46]	100% (59) [59]	
	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% (69) [69]	97.4% (38) [37]	100% (58) [58]	
	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	87.5% (24) [21]	83.3% (18) [15]	82.4% (17) [14]	
	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% (22) [22]	100% (11) [11]	86.4% (22) [19]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
	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	65.6% (183) [120]	63% (127) [80]	74% (177) [131]	
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	27.1% (140) [38]	16.8% (101) [17]	24% (154) [37]	
	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.	100% (17) [17]	50% (20) [10]	75% (68) [51]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st May 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														
			MAR	APR	MAY															
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st May 2017 – 182 total waiters:- <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr><td style="width: 70%;">0 – 4 wks</td><td style="width: 30%;">46</td></tr> <tr><td>>4 – 8 wks</td><td>42</td></tr> <tr><td>>8 – 13 wks</td><td>93</td></tr> <tr><td>> 13 wks</td><td>1</td></tr> <tr><td>Total</td><td>182</td></tr> </table> Longest wait = 98 days % = compliance (n) = breaches	0 – 4 wks	46	>4 – 8 wks	42	>8 – 13 wks	93	> 13 wks	1	Total	182	100% (0)	100% (0)	99.5% (1)					
0 – 4 wks		46																		
>4 – 8 wks	42																			
>8 – 13 wks	93																			
> 13 wks	1																			
Total	182																			
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31 st May 2017 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 15%;">Gateway</th> <th style="width: 15%;">Disability</th> <th style="width: 15%;">FIT</th> <th style="width: 15%;">Total</th> </tr> <tr> <td style="text-align: center;">74 (140)</td> <td style="text-align: center;">20 (29)</td> <td style="text-align: center;">52 (80)</td> <td style="text-align: center;">146 (249)</td> </tr> </table>	Gateway	Disability	FIT	Total	74 (140)	20 (29)	52 (80)	146 (249)	105 (208)	140 (243)	146 (249)							
Gateway	Disability	FIT	Total																	
74 (140)	20 (29)	52 (80)	146 (249)																	
						Gateway	Disability	FIT	Total											
						< 1 wk	21	5	3	29										
						1-4 wks	45	4	25	74										
						4-8 wks	36	13	21	70										
						> 8 wks	38	7	31	76										
						Total	140	29	80	249										

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.					