South Eastern Health and Social Care Trust

Performance Management Framework

Corporate Scorecard

October 2017

Contents

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&LT	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 AND EFFECTIVE CARE
October 2017

South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.11.2017.

Description	Aggregate position	Trend	Variation
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.	Application submitted to RQIA to support QI focus		Lowest compliance questions: Part 1: Evidence of appropriate action? (94%) and Part 2: If NEWS score is above 5, is the frequency of the observations amended? (94%) Variance 60% - 100% (1 wd) (16wds) Mean compliance: 93% Median compliance: 96% (Data from 32 wards)

NEWS Compliance Trustwide

Description	Aggregate position	Trend	Variation
Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2016/17			Variance 45% - 100% (1 wd) (11wds) Mean compliance: 89% Median compliance: 90% (Data from 27 wards)

VTE Compliance Trustwide

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 02.11.2017.

Description	Aggregate position	Trend	Variation
Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and those patients 65+ years and patients aged 50-64 years who are judged to be at higher risk of falling because of an underlying condition in part B.	**Falls champions work shop October 2017**	**FALLS Compliance Trustwide**	Lowest compliance questions: Part A: 'Urinalysis performed' 91% Part B: 'Bedrails risk assessment completed' 94% Variance 20% - 100% (1 wd) (11wds) Mean overall compliance: 82% Median compliance: 90% (Data from 28 wards)

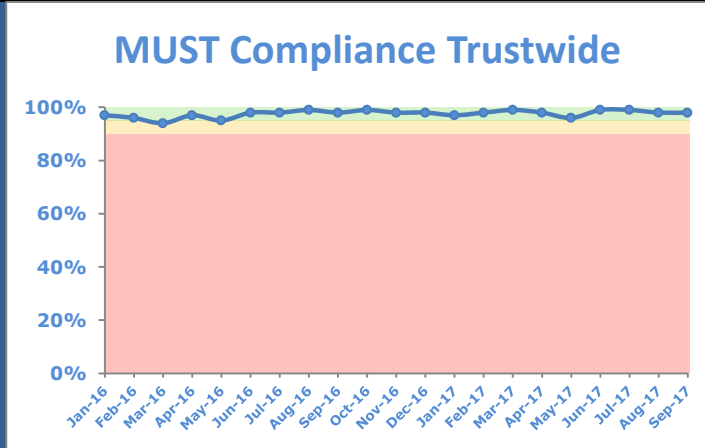| Description	Aggregate position	Trend	Variation
From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were unavoidable **Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days**	Mandatory pressure ulcer prevention & management training ongoing – bespoke education provided for clinical areas with increased incidence or incidents of avoidable pressure damage.	**Skin Bundle Compliance Trustwide**	Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 94% Variance 0% - 100% (1 wd) (13wds) Mean compliance: 85% Median compliance: 95% (Data from 26 wards)

SAFE & EFFECTIVE CARE

Description	Aggregate position	Trend	Variation
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.	Compliance with MUST screening continues to be monitored across all adult acute inpatient areas, acute mental health and dementia units.	**MUST Compliance Trustwide**	Variance 80% - 100% (1 wd) (26wds) Mean compliance: 98% Median compliance: 100% (Data from 33 wards)

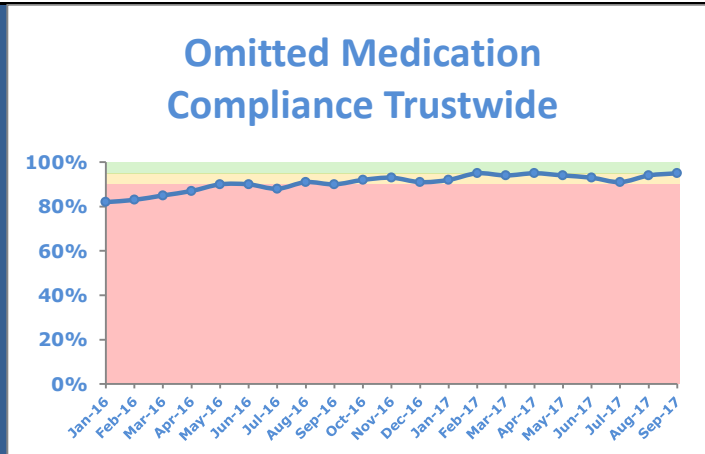| Description	Aggregate position	Trend	Variation
95% compliance with fully completing medication kardexes (i.e. no blanks)	There has been a steady increase in compliance. Further co working with pharmacy required, regional group set up.	**Omitted Medication Compliance Trustwide**	Variance 50% - 100% (1 wd) (20wds) Mean compliance: 94% Median compliance: 100% (Data from 33 wards)

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	The Policy for The Provision and Management of Cleaning Services issued by the DHSSPS in January 2015 requires Very High Risk and High Risk Scores to be reported for Cleaning and Nursing only. As a consequence of removing estate condition issues, the acceptable level of cleanliness in Departmental Audits which was set at 85% in Cleanliness Matters is increased to 90%. The removal of the Estates Services scores has contributed to the observed increase in overall scores. Overall the Trust continues to meet this higher threshold and continues to exceed its own internal target for all facilities, although individual facilities may on occasions not meet this target.	SET 95%	SET 96%	SET 95%	SET 92%	SET 94%	
			UH 91%	UH 93%	UH 93%	UH 92%	UH 91%	
			LVH 95%	LVH 97%	LVH 97%	LVH 94%	LVH 97%	
			DH 95%	DH 97%	DH 95%	DH 95%	DH 95%	

SAFE & EFFECTIVE CARE

TITLE	Target	NARRATIVE	PERFORMANCE			TREND
			AUG	**SEPT**	**OCT**	
HCAI	By March 2017, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16		C Diff 5 (cum 29)	C Diff 5 (cum 34)	C Diff 2 (cum 36)	
		Of the 36 C Diff cases in 17/18, 20 were within 72 hours of admission, with 16 later than 72 hours from admission.	MRSA 0 (cum 0)	MRSA 1 (cum 1)	MRSA 1 (cum 1)	

Narrative sub-table:

	2016/2017 Target	2017/2018 Target
C Diff	**Target<55**	**Target<49**
MRSA	**Target<7**	**Target<6**

Trend chart (C Diff): C Diff (Cum), Target — Apr-16 to Mar

Trend chart (MRSA): MRSA (Cum), Target — Apr to Mar

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Outpatient waits	Min 50% <9 wks for first appt (was 60% in 15/16)		28.9%	27.4%	23.8%	23.2%	23.9%	25.7%	24.2%	23.2%	23.7%	21.9%	20.8%	21.3%	22.1%
	All <52 wks (was 18 wks)		87.6%	86.3%	84.6%	83.6%	82.5%	81.1%	79.3%	77.7%	75.5%	73.8%	71.9%	70.9%	70.1%
Diagnostic waits	Imaging 75% <9 wks (was all >9wks)		86.3%	81.7%	74.4%	73.6%	76.3%	75.7%	70.2%	69%	72.0%	70.8%	67.5%	69.8%	69.8%
	Physiological Measurement <9 wks		58.9%	58.4%	56.2%	61%	65%	70.3%	66.6%	64.7%	64.9%	65%	62.6%	62.5%	65.2%
	Diag Endoscopies	< 9 wks	39%	50.4%	55%	56%	53%	52%	46.5%	44%	43%	39%	37%	35%	37%
		< 13 wks	66%	66%	61.7%	59%	63%	64%	58.7%	59%	62%	62%	60%	58%	60%
Inpatient & Daycase Waits	Min 55% <13 wks (was 65%)		49%	52%	52.5%	52%	52%	52%	49%	48%	47%	45%	44%	41%	45%
	All <52 wks (was 26 wks)		90%	90.5%	91%	90%	90%	89%	89%	88%	87%	87%	87%	86%	85%
Diagnostic Reporting	Urgent tests reported <2 days		95.6%	93.3%	94.1%	95.1%	94.2%	95.5%	92.5%	95.6%	96.1%	95.3%	95%	92.6%	91%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	81.5%	80.0%	74.9%	77.9%	80.3%	78.6%	78.1%	79.6%	81.3%	83.3%	79.9%	78.7%	78%
		12hr breaches	52	133	208	393	98	82	204	183	120	110	186	250	303
	UHD	4hr performance	73.4%	72.0%	66.3%	68.8%	72.3%	68.3%	67.3%	66.6%	71.8%	75.2%	69.1%	67.6%	66.2%
		12hr breaches	44	114	177	351	74	63	203	177	104	108	185	249	300
	LVH	4hr performance	88.8%	88.9%	81.9%	84.5%	86.6%	86.6%	89.7%	89.7%	88.8%	92.2%	91.0%	88.8%	89.8%
		12hr breaches	0	0	0	14	1	0	0	2	0	0	0	0	0
	DH	4hr performance	90.7%	88.6%	85.2%	88.8%	88.8%	90.6%	93.2%	93.1%	92.8%	92.9%	93.7%	93.7%	92.6%
		12hr breaches	8	19	31	28	23	19	1	4	16	2	1	1	3
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		89.3%	88.8%	84.3%	90.3%	91.5%	86.2%	87.7%	85.1%	86.9%	90.6%	88.9%	87.1%	87.6%
Non Complex discharges	ALL <6hrs		88.7%	86.1%	87.4%	87.8%	87.4%	87.4%	86.8%	84.7%	86.8%	88%	88.2%	86.7%	88%
Hip Fractures	>95% treated within 48 Hours		81%	82%	80%	100%	81%	86%	79%	58%	59%	48%	95%	74%	64%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis (was 13%)		17.6%	18.9%	3.7%	20.7%	10.3%	15.6%	17.2%	22.7%	20.8%	14.3%	11.1%	14.3%	8.1%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		34%	38%	43%	43%	52%	56%	50%	53%	54%	50%	50%	44%	46%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)		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	100% (0) 14	95.5% (1) 25	100% (0) 17	100% (0) 14	92% (18) {44}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		90% (11)	95% (7)	97% (2)	97.3% (3)	96% (4)	97% (3)	93% (6)	95% (6)	97% (5)	96% (4)	95% (6)	93% (7)	92% (10)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Psoriasis (n) - Breaches		100% (0)	75% (2)	78% (2)	75% (2)	60% (2)	100% (0)	88% (2)	100% (0)	62.5% (3)	33% (4)	0% (3)	100% (0)	100% (0)

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		92.3%	94.3%	97.2%	97.9%	99.4%	97.6%	94.2%	97.7%	97.4%	97.9%	94.9%	95.1%	95.1%
	% routine tests reported <28 days (Target formerly 100%)		98.4%	95.9%	99.9%	99.6%	99.9%	98%	97%	99.5%	99%	98.6%	96.8%	97.5%	99.9%
% Operations cancelled for non-clinical reasons	September 17 – LVH 49 cancelled due to Equipment Failure (due to burst water pipe), 3 Admin Error, 2 Surgeon Unavailable and 2 Emergencies	SET	1.3%	1.6%	1.2%	1.6%	1.1%	1.3%	1.9%	1.5%	1.7%	1.2%	0.8%	2.7%	0.9%
		UHD	1.4%	1.5%	1.7%	2.7%	1.7%	1.4%	3.6%	2.7%	1.8%	1.4%	1.2%	1%	1.4%
		AR	0.4%	2.4%	0.5%	0%	0.3%	1%	0.2%	1.9%	1.4%				
		LVH	2.2%	1.5%	1.4%	0.8%	0.8%	1%	0.8%	0.3%	1.3%	1.3%	0.4%	7.1%	0.4%
		DH	0.2%	1.5%	0.2%	1.6%	1%	1.4%	0.6%	0.4%	2.1%	0.5%	0.3%	1.1%	0.4%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		Cum 23%	Cum 23%	Cum 23%	Cum 24%	Cum 24%	Cum 24%	Cum 43%	Cum 47%	Cum 47%	Cum 49%	Reported 3 mths in arrears		
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 79.1%	Cum 79.7%	Cum 79.6%	Cum 79.8%	Cum 79.7%	Cum 79.6%	Cum 78.9%	Cum 79.2%	Cum 80.2%	Cum 79.5%	Reported 3 mths in arrears		
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		11731	11177	11230	11180	10278	12241	11453	12783	12145	11794	12167	11826	12215
	Ulster Hospital		8042	7552	7741	7575	6879	8108	7785	8466	8085	8066	8127	7925	8231
	Lagan Valley Hospital		2028	1943	1858	1898	1816	2169	1794	2238	2146	1887	2090	2035	2080
	Downe Hospital (inc w/end minor injuries)		1661	1682	1631	1707	1583	1964	1874	2079	1914	1841	1950	1866	1904
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		9.2%	10%	10.5%	10.5%	9.7%	9.1%	9.4%	9.4%	9.5%	9.6%	9.6%	9.3%	10.1%
	By March 2017, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		20.5%	21.7%	30.2%	25.5%	11.5%	11.2%	21.1%	23.6%	9.8%	26.6%	24.4%	21.3%	10.1%
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5510	5402	4487	5176	5161	6007	4662	5810	5737	4837	5810	5670	6228
Other Operative Fractures	>95% within 48hrs		78%	80%	83%	90%	74%	75%	79%	57%	66%	67%	88%	70%	66%
	100% within 7 days		100%	96%	100%	100%	98.6%	98.6%	97.1%	95%	97.5%	98.9%	96.3%	97.6%	97.0%
Stroke	No of patients admitted with stroke		34	37	27	29	29	32	29	44	48	28	36	35	37
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	54.8% (237)	49.6% (266)	39.5% (320)	33.8% (311)	41.6% (305)	44.8% (270)	48.3% (248)	42.4% (21)	47.5% (206)	40.6% (249)	74.6% (302)	69.5% (278)	69% (205)
		Ophth	75.9% (114)	71.8% (168)	55.3% (251)	54.9% (280)	59% (300)	58.8% (266)	38.7% (416)	37.8% (434)	60.4% (418)	64.4% (438)	65% (405)	54.5% (332)	62.4% (397)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.3	5.9	6.1	7.1	5.8	5.8	6.0	5.7	5.7	5.7	5.7	5.9	5.9
	Ave LOS trimmed	4.5	4.8	4.9	5.4	4.7	4.7	4.6	4.5	4.5	4.4	4.5	4.7	4.8
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	9.6	8.9	10	11.2	12.8	9.6	8.8	10	10	11.4	9.9	11.2	12.2
	Ave LOS trimmed	7.1	6.8	7.5	7.1	7.5	6.8	7.4	7.1	7	7.8	6.3	7.7	8.1
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	86.4%	83%	77.6%	79.4%	85.2%	81.2%	79.2%	76.3%	78.4%	78.4%	81.2%	79.5%	78.1%
	% NEW attendances who left without being seen (Target < 5%)	2.7%	2.5%	3.4%	2.3%	2.1%	2.8%	2.7%	3%	2.8%	2.8%	2.6%	3.2%	2.8%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.7%	2.7%	2.2%	2.7%	2.8%	2.8%	2.7%	2.7%	2.7%	2.3%	3%	2.1%	2.5%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	56%	58.3%	49.4%	56.3%	59.3%	49.7%	52.7%	48.7%	47.4%	55.6%	55%	52.1%	50%

Hospital Services – Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	38	29	27	23	22	34	37	28	39	33	31	33	39
	What % were responded to within the 20 day target? (target 65%)	50%	41%	56%	65%	45%	38%	35%	39%	46%	67%	26%	58%	51%
	How many were outside the 20 day target?	18	17	12	8	12	21	24	17	19	11	23	14	19
Freedom of Information Requests	How many FOI requests were received this month?	6	9	10	12	14	4	13	12	5	7	6	15	4
	What % were responded to within the 20 day target? (target 100%)	33%	67%	90%	58%	43%	100%	85%	58%	100%	86%	67%	93%	75%
	How many were outside the 20 day target?	4	3	1	5	6	0	2	5	0	1	2	1	1

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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)	20.8% [60900] (48214) {17142}	21.3% [61242] (48180) {17789}	22.1% [61318] (47760) {18297}	
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 *N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.*	67.5% [6666] (2169) {362}	69.8% [6707] (2027) {336}	69.8% [6907] (2089) {284}	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	62.6% (1450) {190}	62.5% (1433) {296}	65.2% (1407) {283}	
	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)	37% [3109] (1963)	35% [3180] (2083)	37% [3220] (2041)	
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	60% [846] (341)	58% [859] (365)	60% [920] (368)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Inpatient & Daycase Waits	By March 2017, at least 55% of inpatients and day cases to wait no longer than 13 weeks to be treated and no patient to wait longer than 52 weeks for treatment. (was previously 26 weeks for all patients)	Inpatients / Daycase – 13 wk target % = % waiting < 13 weeks (n) = breaches	44% (5389)	41% (5623)	45% (5397)	
		All Specialties – 52 wk target (from April 2016) % = % waiting < 52 weeks (n) = breaches (52 wks)	87% (1261)	86% (1340)	85% (1413)	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In September 2017, 1590 total urgent tests reported, 1473 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	95.0% (83) [1642]	92.6% (117) [1590]	91% (137) [1516]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Emergency Departments	95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours.	SET attendances include Ards & Bangor Minor Injury Units not broken down below as not Type 1 Units SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit. n = total new and unplanned review attendances. [n] = seen within 4 hours % = % seen within 4 hours (n) = 12 hour breaches	SET 14066 [11240] 79.9% (186) UH 8127 [5613] 69.1% (185) LVH 2090 [1901] 91.0% (0) DH 1950 [1827] 93.7% (1)	SET 13673 [10764] 78.7% (250) UH 7925 [5361] 67.6% (249) LVH 2035 [1808] 88.8% (0) DH 1866 [1748] 93.7% (1)	SET 14205 [11073] 78% (303) UH 8231 [5453] 66.2% (300) LVH 2080 [1867] 89.8% (0) DH 1904 [1763] 92.6% (3)	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	All qualifying patients in SET beds. Main reason for delay is patient awaiting transport from friends, family or ambulance service. n = Non-complex discharges (n) = breaches Sep was 86.7% 2844 (378) now 86.7% 2840 (378)	88.2% 2928 (345)	86.7% 2840 (378)	88% 2890 (348)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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	95% 39 (37) [2]	74% 35 (26) [9]	64% 25 (16) [9]	
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	88% 82 (72) [10] {3}	70% 82 (57) [25] {2}	66% 67 (44) [23] {2}	
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	11.1% 4 (36)	14.3% 5 (35)	8.1% 3 (37)	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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.	There were 54 SET CBYL referrals received during September 2017. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (61) [0]	100% (68) [0]	100% (54) [0]	01/10/2017October 2017 CBYL - An additional 27 referrals were out of catchment (17 BHSCT, 6 Downe, 2 LVH, 1 SHSCT, 1 WHSCT). Of the 24 requiring assessment 13 were seen within 24hrs, 5 declined service, 2 DNA. 1 open to CMHT and followed up by Key worker. 1 open to CAT and followed up. 1 not engaging and being followed up
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% = % who began treatment within 62 days n = number of patients seen (n) = breaches In Oct 2017, 57 patients were seen. There were 31 breaches involving 44 patients, of whom 11 were shared. Revisions post patient pathway confirmation and pathology validation:- Sep was 44% 57.5 seen (32), now 41% 76 seen (31.5) Aug was 50%,53.5 seen (26.5) unchanged	50% 53.5 (26.5)	41% 76 (31.5)	46% 57 (31)	

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HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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	100% [235] 195 (0) {14}	100% [198] 198 (0) {14}	92% [236] 227 (18) {44}	Longest Wait – 44 days - 2 Southern Trust Patients Longest SET wait is 14 days.
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	95% 110 (6)	93% 102 (7)	92% 120 (10)	
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	24.4% 1515 (-89)	21.3% 1577 (-27)	10.1% 1801 197	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% (6) [0]	100% (6) [0]	100% (8) [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 (n) = total waiting [n] = breaches	0% (3) [3]	100% (0) [0]	100% (0) [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	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Allied Health Professions waits	All < 13 weeks	93.9%	95.5%	92.9%	92.1%	90.1%	96.9%	93.7%	92.6%	92.0%	91.6%	90.9%	91.9%	93.9%
Complex Discharges	Min. 90% <48hrs (SET TOR)	68.1%	62.4%	69.4%	62.2%	66.9%	70%	77.4%	79.5%	72.9%	73.4%	76.8%	76.4%	73.4%
	Min. 90% <48hrs (All in SET beds)	62.8%	56.7%	64.8%	54%	64.2%	68.4%	70.6%	76.5%	67.5%	70.1%	72.7%	74.4%	66.7%
	Number complex discharges	336	363	412	424	350	376	330	361	381	371	366	344	339
	ALL <7days	89.3%	83.5%	86.2%	86.4%	90.3%	89.8%	92.6%	95%	87.9%	70.1%	89.3%	90.4%	84.1%
	SET and Other TOR	Reporting from April 2017						94.8%	98.6%	91.8%	92%	95.4%	94.3%	90.2%
	Belfast TOR	Reporting from April 2017						85.7%	83.1%	77%	68.1%	68.7%	74.2%	65.5%
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 3 737 (cum 2127)			Quarter 4 754 (cum 2881)			Quarter 1 726			Reported Quarterly In Arrears			
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	82%	81%	80%	81%	82%	85%	81%	83%	82%	86%	84%	83%	87%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	65.5% (169)	63.4% (178)	63.7% (169)	66.2% (141)	64.9% (136)	68.9% (116)	64.8% (135)	71.5% (113)	69.1% (134)	61.3% (184)	56.9% (206)	59.8% (180)	64.5% (166)
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	364	427	433	474	521	587	621	694	839	839	839	839	839
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 3 223 (cum 1133)			Quarter 4 281 (cum 1414)			Quarter 1 319			Quarter 2 205 (cum 524)			
Direct Payments	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	99	101	104	105	104	103	105	104	106	109	110	106	106
Community Based short Breaks (Elderly)	By March 2017, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 216529.75 Target =227356.25	Quarter 3 57, 911 Hours (cum 168, 723 Hours)			Quarter 4 59, 539 Hours (cum 228, 262 Hours)			Quarter 1 60, 387 Hours			Quarter 2 66, 103 Hours (cum 126, 490 Hours)			

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Assess and Treat Older People	Main components of care needs met <8 weeks		100%	100%	100%	100%	97.9% (1)	100%	100%	100%	100%	100%	100%	100%	100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches		91.0% (6)	91.7% (5)	94.5% (4)	96.1% (3)	95.8% (3)	97.4% (2)	93.1% (5)	93.1% (5)	97.4% (2)	93.4% (5)	91.9% (6)	96.3% (6)	93.3% (5)
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	60% (565)	63.5% (524)	72.1% (333)	65.8% (388)	59.7% (463)	58% (394)	64.1% (313)	80.3% (185)	95.2% (47)	79.3% (237)	72% (372)	71.3% (388)	73.3% (337)
		<52wks (prev 18 wks).	81.2% (266)	81.5% (265)	99.9% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	From December 2016 Spinal figures are displayed separately here.	<9 wks			4.9% (481)	13.3% (312)	19.4% (145)	63.6% (8)	57.1% (3)	66.7% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
		<52wks			12.1% (445)	27.8% (260)	52.2% (86)	72.7% (6)	71.4% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)

Directorate KPIs & SQE Indicators

Service Area	Indicator	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	44%	45%	40%	50%	29%	45%	38%	38%	49%	50%	48%	40%	48%

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	SEPT 16	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	9	11	9	13	8	15	11	4	12	15	13	11	7
	What % were responded to within the 20 day target? (target 65%)	44%	73%	22%	38%	63%	53%	64%	50%	50%	40%	69%	64%	43%
	How many were outside the 20 day target?	5	3	7	8	3	7	4	2	6	9	4	4	4
Freedom of Information Requests	How many FOI requests were received this month?	4	5	2	1	9	6	2	1	2	4	2	4	3
	What % were responded to within the 20 day target? (target 100%)	25%	20%	0%	100%	44%	83%	100%	100%	100%	75%	100%	25%	100%
	How many were outside the 20 day target?	3	4	2	0	4	1	0	0	0	1	0	3	0

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
AHP Waits	No patient to wait longer than 13 weeks from referral to commencement of treatment	At 30th September 2017 of 9971 patients on the AHP waiting list, are waiting longer than 13 weeks. <table><tr><td>Service</td><td>No on W/L</td><td>Waiting >13 wks</td><td>Comp-liance</td></tr><tr><td>Physio</td><td>5327</td><td>160</td><td>97.0</td></tr><tr><td>OT</td><td>1452</td><td>67</td><td>95.4</td></tr><tr><td>Orthoptics</td><td>282</td><td>16</td><td>94.3</td></tr><tr><td>Podiatry</td><td>1082</td><td>33</td><td>97.0</td></tr><tr><td>Adults S&LT</td><td>554</td><td>208</td><td>62.5</td></tr><tr><td>Childrens S&LT</td><td>258</td><td>6</td><td>97.7</td></tr><tr><td>Dietetics</td><td>1016</td><td>121</td><td>88.1</td></tr></table> [n] = total waiting (n) = breaches	90.9% [10446] (945)	91.9% [10421] (849)	93.9% [9971] (612)	13 Week — Target Line
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:- Aug was 76.6% (53) now 76.4% (54) Sep was 76.4% (53) now 77.2% (51) SET Key reasons:- • No Domiciliary Care Package • Patient / Family resistance	76.4% (54)	77.2% (51)	73.4% (56)	SET Resident — All in SET Beds — Target Line

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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:- Sep was 74.4% (344) now 74.5% (345)	73% (366) >48 hrs By Trust of res SET 51 BT 47 ST 1	74.5% (345) >48 hrs By Trust of res SET 54 BT 31 NT 1 ST 1 WT 1	66.7% (339) >48 hrs By Trust of res SET 65 BT 45 NT 2 ST 1	
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:- Sep was 90.4% 344 (33) now 90.4% 345 (33)	89.3% 366 (39) SET 14 BT 25	90.4% 345 (33) SET 17 BT 16	84.1% 339 (54) SET 25 BT 29	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	No Complex discharge should take longer than 7 days.	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:- Aug was 95.1% 283 (14) now 95.4% 283 (13) Sep was 93.9% 278 (17) now 94.3% 279 (16)	95.4% 283 (13)	94.3% 279 (16)	90.2% 255 (25)	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying Belfast Trust Residents in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Aug was 69.9% 83 (25) now 68.7% 83 (26) Sep was 75.8% 66 (15) now 74.2% 66 (16)	68.7% 83 (26)	74.2% 66 (16)	65.5% 84 (29)	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	
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 **Reported Quarterly in arrears.**	722 (cum 722)	667 (cum 1387)	737 (cum 2127)	**754** **(cum 2881)**	726 (cum 726)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUL	AUG	SEPT	
Long-Term Conditions	By March 2017, deliver 90,132 telecare monitored patient days (equivalent to approximately 244 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract. **To be reported one month in arrears**	The Trust has started the process of educating practitioners about the system and referrals have increased with higher referral rates at the start of 2016. Monthly target 7511 MPD MCD = Monitored Care Day	**In Month** 8807 MCDs 117% **Cum** 35297 MCDs 117.5%	**In Month** 8646 MCDs 115% **Cum** 43943 MCDs 117%	**In Month** 8348 MCDs 111% **Cum** 52291 MCDs 116%	The number of patients benefiting from remote telecare monitoring **= 269 clients** (8 lower than previous month).

Service Area	Target	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	82%	81%	80%	81%	82%	85%	81%	83%	82%	86%	84%	83%	87%
	100% of less urgent calls triaged within 1 hour	70%	69%	61%	67%	73%	73%	66%	65%	76%	76%	74%	72%	74%

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	10	10	10	9	11	11	13	13	18	18	18	18	18
Adult MH Services waits	All < 9 weeks	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	99.7%	99.4%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	3rd Quarter 11 (cum 25)			4th Quarter 136 (cum 147)			Quarter 1 89			Quarter 2 70 (cum 159)			
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	3	3	3	3	4	7	8	8	3	3	7	4	4
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.3%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Mental Health	By March 2017, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	12	12	11	11	11	11	11	10	10	9	9	9	9

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	4	5	3	4	2	6	2	2	7	2	4	4	2
	What % were responded to within the 20 day target? (target 65%)	50%	20%	0%	0%	50%	40%	0%	50%	57%	100%	75%	75%	100%
	How many were outside the 20 day target?	2	4	3	4	1	3	2	1	3	0	1	1	0
Freedom of Information Requests	How many FOI requests were received this month?	4	6	2	1	2	2	1	2	3	3	2	4	1
	What % were responded to within the 20 day target? (target 100%)	25%	0%	50%	100%	50%	0%	100%	100%	100%	100%	100%	100%	100%
	How many were outside the 20 day target?	3	6	1	0	1	2	0	0	0	0	0	0	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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.	% = % compliance (n) = number on waiting list [n] = number waiting > 9 weeks	100% (537) [0]	99.7% (621) [2]	99.4% (660) [4]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 78 discharges in October 2017, all were discharged within 7 days	100%	100%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 4 delayed discharges in October 2017. The availability of suitable accommodation is the difficulty in facilitating the discharge.	7	4	4	
	All discharged patients due to receive a continuing care plan in the community to receive a follow-up visit within 7 days of discharge.	There were 61 SET discharges in October 2017 for follow up within 7 days. 1 to be confirmed by medical staff	100%	98.3%	100%	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	10	11	11	11	8	8	8	9	11	10	8	8	6
	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.	138	164	171	270	319	362	391	402	489	489	489	489	489
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	603	608	619	618	620	632	632	637	645	651	654	666	666

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	OCT 16	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
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	214	219	220	217	219	225	228	229	234	237	238	241	241
	By March 2017, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	271	273	278	281	287	291	289	292	295	296	297	310	310
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	1 (cum 15)	4 (cum 19)	2 (cum 21)	5 (cum 26)	3 (cum 29)	0 (cum 29)	1 (cum 1)	4 (cum 5)	3 (cum 8)	1 (cum 9)	2 (cum 11)	5 (cum 16)	2 (cum 18)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	95%	100%	91%	95%	100%	100%	100%	100%	96.5%	96.5%	96.3%	93.5%	93.8%

		Quarter 2 (16/17)	Quarter 3 (16/17)	Quarter 4 (16/17)	Quarter 1 (17/18)	Quarter 2 (17/18)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 556 Target: 278 (70 per quarter)	2nd Quarter 70 (cum 168)	3rd Quarter 121 (cum 289)	4th Quarter 98 (cum 387)	1st Quarter 97 (cum 97)	2nd Quarter 67 (cum 164)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	2nd Quarter 66 (cum 116)	3rd Quarter 98 (cum 214)	4th Quarter 61 (cum 275)	1st Quarter 85	2nd Quarter 76 (cum 161)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	2nd Quarter 25 (cum 60)	3rd Quarter 13 (cum 73)	4th Quarter 33 (cum 106)	1st Quarter 17	2nd Quarter 12 (cum 29)
	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)	2nd Quarter 8116.0 hours (Cum 16163.7 Hrs)	3rd Quarter 8549.0 Hours (cum 22012.7 Hrs)	4th Quarter 9163.0 Hours (cum 31175.7 Hrs)	1st Quarter 8884.9 Hours	2nd Quarter 9487.0 Hours (cum 18371.9 Hrs)
	Achieve minimum 88% internal environment cleanliness target.	93%	93%	95%	97%	93%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	**SEPT**	**OCT**	
Discharge	Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.	All patients discharged within the target time during August.	100%	100%	100%	
	No discharge taking longer than 28 days.	The Trust currently has 11 people awaiting discharge, all of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	8 (8)	8 (8)	6 (6)	**Muckamore:-** See table below
Resettlement	By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.	Three patients remain to be resettled.	3 people remain to be resettled (one person is receiving active treatment)	3 people remain to be resettled (one person is receiving active treatment)	3 people remain to be resettled (one person is receiving active treatment)	
Self Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Physical Disability	238	238	238	
		Learning Disability	297	297	297	

Muckamore:-

Delay in days	Aug	Sept	Oct
0-7	0	0	4
8-28	0	0	0
29-90	0	0	0
91-365	3	3	0
>365	5	5	2
Total	**8**	**8**	**6**

ADULT SERVICES – PRISON HEALTHCARE SERVICES
Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
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)	99.4% (2)	100% (0)	100% (0)	100% (0)	100% (0)
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal	99.1% (3)	98.6% (5)	98.5% (4)	99.3% (2)	97.9% (1)	99.1% (3)	98.9% (3)	100% (0)	99.4% (2)	100% (0)	100% (0)	100% (0)	99.4% (2)
Inter-prison transfer	All prisoners to receive a "Transfer Health Screen" by Prison Healthcare Staff on the day of arrival.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	SEPT 16	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	3	1	4	3	2	5	6	7	6	3	2	3	0
	What % were responded to within the 20 day target? (target 65%)	0%	0%	25%	67%	100%	60%	100%	100%	100%	0%	100%	67%	n/a
	How many were outside the 20 day target?	3	1	3	1	0	2	0	0	0	3	0	1	0
Freedom of Information Requests	How many FOI requests were received this month?	3	1	4	2	0	0	1	0	1	1	0	1	2
	What % were responded to within the 20 day target? (target 100%)	33%	0%	75%	50%	n/a	n/a	100%	n/a	0%	100%	n/a	100%	100%
	How many were outside the 20 day target?	2	1	1	1	0	0	0	0	1	0	0	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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% 257 (0)	100% 337 (0)	100% 330 (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 |		Aug	Sep	Oct
Maghaberry	Committals	197	272	272
	Breaches	0	0	0
Hydebank	Committals	60	65	58
	Breaches	0	0	2		100% 257 (0)	100% 337 (0)	99.4% 330 (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% 40 (0)	100% 48 (0)	100% 30 (0)	
Emergency Care	In an emergency, prisoners will be seen by Prison Healthcare staff within an hour. *Emergencies are defined as "Code Blue" or "Code Red" calls for assistance.*	% = performance n = total emergencies (n) = breaches	100% 39 (0)	100% 54 (0)	100% 42 (0)	

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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% (2) [0]	100% (13) [0]	100% (7) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Psychological Therapies waits	All < 13 weeks	35.4%	38.0%	35.4%	40.2%	40.7%	51.5%	53.8%	54.6%	59.5%	64.1%	60.8%	65.5%	70.7%

Adult Services Directorate – Clinical Psychology Services – KPIs

	OCT 16	NOV	DEC	JAN 17	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT
Direct Contacts (cum)	2052 (14046)	2511 (16557)	1689 (18246)	2003 (20,249)	2255 (22,504)	2420 (24,924)		2087	2511 (4598)	2830 (5341)	2227 (7568)	2369 (9937)	2710 (12647)	3046 (15693)
Consultations (cum)	104 (623)	95 (718)	94 (812)	119 (931)	89 (1,020)	75 (1095)		92	171 (263)	148 (411)	149 (560)	143 (703)	171 (844)	186 (1030)
Supervision - Hours (cum)	107 (798)	137 (935)	121 (1,056)	106 (1,162)	133 (1,295)	119 (1414)		144	162 (306)	156 (462)	146 (608)	156 (764)	247.5 (1011.5)	155 (1166.5)
Staff training - Hours (cum)	137 (807)	164 (971)	100 (1,071)	56 (1,127)	189 (1,316)	175 (1491)		121	113 (234)	136 (370)	87 (457)	82 (539)	116.5 (655.5)	116 (771.5)
Staff training - Participants (cum)	252 (1698)	263 (1961)	506 (2,467)	80 (2,547)	328 (2,875)	137 (3012)		291	410 (701)	563 (1264)	256 (1520)	156 (1676)	279 (1955)	383 (2338)

Adult Services Directorate – Psychology Services - Corporate Issues

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

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
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	60.8% (702) [275]	65.5% (656) [226]	70.7% (663) [194]	

Breaches	Aug	Sep	Oct
Adult Mental Health	184	152	114
Older People	12	5	2
Adult Learn Dis	4	11	11
Children's Learn Dis	2	1	5
Adult Health Psych	73	57	62
Children's Psych	0	0	0
Total	275	226	194

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (5)	100% (3)	100% (2)	100% (5)	100% (1)	100% (2)	100% (1)	100% (1)	100% (2)	100% (1)	100% (4)	100% (2)	100% (3)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	72.2% (5)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	No Return	No 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)	95.7% (2)	100% (0)	100% (0)	100% (0)	97.4% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	88.6% (4)	93.8% (1)	89.5% (2)	75% (3)	62.5% (6)	87.5% (3)	83.3% (3)	82.4% (3)	90.3% (3)	100% (0)	70% (6)	86.7% (2)	100% (0)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	96.7% (1)	95.5% (1)	93.3% (1)	100% (0)	100% (0)	100% (0)	100% (0)	86.4% (3)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	94.5% (10)	93.9% (14)	81.8% (30)	88.1% (21)	90.9% (19)	65.6% (63)	63% (47)	74% (47)	86.3% (28)	85.9% (22)	75.7% (50)	90.6% (16)	85.3% (33)
	All Family support initial assessment completed <10 days of allocation	33.9%	26.7%	27.9%	19.4%	43.8%	27.1%	16.8%	24%	32%	26.6%	33.3%	36.4%	34.3%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	61.3% (12)	46.2% (21)	33.3% (18)	94.6% (2)	73.9% (6)	100% (0)	50% (10)	75% (17)	50.9% (28)	50% (20)	44.9% (27)	60.5% (17)	71.4% (12)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	98.3% (1)	91.9% (3)	94.6% (2)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	95.2% (8)	97.4% (3)	97.4% (3)	100% (0)	100% (0)	100% (0)	99.5% (1)	100% (0)	100% (0)	98.7% (2)	100% (0)	100% (0)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	3rd Quarter 23 (cum 83)			4th Quarter 21 (cum 104)			Quarter 1 27			Quarter 2 19 (cum 46)			
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	179	166	173	78	85	105	140	146	159	178	155	146	172
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	150	134	141	55	55	74	94	109	123	88	120	113	132

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 16	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Fostering	Number of Mainstream Foster Carers	314	320	320	316	320	325	329	328	332	333	322	333	337
	Number of children with Independent Foster Carers	28	29	28	29	28	29	33	32	35	36	38	34	35
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	95.1%	92.2%	91.9%	93.1%	93.3%	93.7%	93.2%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	Quarter 3 97.2%			Quarter 4 96.9%			Quarter 1 93.1%			Quarter 2 92.9%			
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	35.1%	42%	49.9%	44.7%	53.2%	46.7%	48%	51.4%	45%	46%	53.2%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	272	242	295	161	180	208	243	249	242	266	236	252	271
	Family Centre Waiting List at month end	6	9	5	6	8	12	13	13	20	20	15	20	20
Care Leavers	At least 75% aged 19 in education, training or employment	76%	77%	85%	82%	77%	80%	80%	78%	76%	77%	75%	76%	71%

Children's Services - Corporate Issues

Service Area	Indicator	SEPT 16	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	18	6	9	3	10	9	7	5	4	15	5	5	9
	What % were responded to within the 20 day target? (target 65%)	22%	17%	11%	33%	10%	11%	14%	0%	50%	20%	40%	20%	33%
	How many were outside the 20 day target?	14	5	8	2	9	8	6	5	2	12	3	4	6
Freedom of Information Requests	How many FOI requests were received this month?	0	4	2	1	4	7	1	3	3	4	0	1	1
	What % were responded to within the 20 day target? (target 100%)	n/a	0%	0%	0%	50%	14%	100%	33%	67%	50%	n/a	100%	100%
	How many were outside the 20 day target?	0	4	2	1	2	6	0	2	1	2	0	0	0

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Children In Care	All children admitted to residential care should, prior to admission:- (1) Have been the subject of a formal assessment to determine the need for residential care. (2) Have had their placement matched through the Children's Resource Panel Process.	% = % compliance (n) = No of children admitted to care this month	100% (4)	100% (2)	100% (3)	
	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.	There were 22 children taken into care during February 2017. 11 children were for Respite/Shared Care and 3 were discharged Of the remaining 8 children, all had a permanence plan in place at the end of August 2017. % = % compliance n = number of children requiring a plan (n)= number of children without permanence plan within 6 months.	100% 8 (0)	Data not available	Data not available	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	**SEPT**	**OCT**	
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% (32) [32]	100% (55) [55]	100% (47) [47]	
	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% (37) [37]	100% (54) [54]	100% (47) [47]	
	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	**70%** **(20)** **[14]**	**86.7%** **(15)** **[13]**	100% (14) [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% (19) [19]	100% (12) [12]	100% (20) [20]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Assessment Of Children At Risk Or In Need	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	75.7% (206) [156]	90.6% (170) [154]	85.3% (224) [191]	
	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	33.3% (162) [54]	36.4% (121) [44]	34.3% (134) [46]	
	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.	44.9% (49) [22]	60.5% (43) [26]	71.4% (42) [30]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st October 2017, 37 children were on the waiting list specifically for diagnostic assessment for ASD. 2 children waiting > 13 wks (Longest wait 127 Days) % = compliance (n) = breaches	98.3% <13 wks (1)	91.9% <13 wks (3)	94.6% <13 wks (2)	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	**SEPT**	**OCT**	
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31st October 2017 – 102 total waiters:- 	0 – 4 wks	27
>4 – 8 wks	74
>8 – 13 wks	1
> 13 wks	0
Total	102	 Longest wait = 60 days % = compliance (n) = breaches	98.7% (2)	100% (0)	100% (0)	 ■ <13 weeks from assessment to treatment — Target Line
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31st October 2017 |	Gateway	Disability	FIT	Total
	130 (212)	10 (15)	32 (44)	172 (271)		155 (236)	146 (252)	172 (271)			Gateway	Disability	FIT	**Total**
< 1 wk	27	2	6	**35**
1-4 wks	55	3	6	**64**
4-8 wks	43	6	19	**68**
> 8 wks	87	4	13	**104**
Total	**212**	**15**	**44**	**271**	

HEALTH & WELLBEING

HEALTH & WELLBEING

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

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500	Q1 525	Q2 535			
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	Q1 9	Q2 36			

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2018 demonstrate a 5% reduction on absenteeism from 2016-17. Target set at 6.37% for Trust and 4.93% for HR.	2016-17 Year End absence was 6.70% (target 6.47%) HR to work collaboratively with the operational Directorates to address absence figures.	Corp 6.47 (cum)	Corp 5.94 (cum)			Q2: 2016-17 = 6.32% Q2: 2015-16 = 6.61% Q2: 2014-15 = 6.60% Q2: 2013-14 = 6.40%
Induction	By March 2018, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.		Corp 69% (cum)	Corp 79% (cum)			Q2: 2016-17 = 79% Q2: 2015-16 = 71% Q2: 2014-15 = 80% Q2: 2013-14 = 67%
KSF Appraisal	Improve take-up in annual appraisal of performance during 2017/18 by 5% on previous year – i.e. 50.5% by end March 18.	48% appraisal uptake at Year-end 2016-17 (target 44%) both corporately and for HR. New recording mechanism allows for breakdown by Directorate and by named managers. | July	Aug	Sept | |------|-----|------| | 11% | 13% | 18% | (Rolling total: Oct 16 – Sept 17 = 47%)	Corp 46% (cum)	Corp 47% (cum)			Q2: 2016-17 = 45% Q2: 2015-16 = 42% Q2: 2014-15 = 38% Q2: 2013-14 = 35%
KSF Appraisal	By March 2018 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 95% appraisal uptake at Year-end 2016-17 (target 95%).	60%	89%			

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
Equality	To provide 'Working Well with Interpreters' training sessions for staff in LVH, UHD and Downpatrick during 2017-2018. Three sessions in each location.	The Trust ensures that all staff who require a face-to-face interpreter have access to, and are competent to use, the Regional Interpreting Service.	100%	100%			The Trust plans to hold Working Well with Interpreters training sessions in all 3 Trust locations on 7th, 13th and 15th November 2017. All staff who have requested access to the booking system have received access within 24 hours.
	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%			Quarterly Screening Report published on Trust website.
Bank	By April 18 reduce Agency Usage within all Corporate Bank Users to 12% and increase Bank usage to 88%	At Year-end 2016-17: 86% Bank, 14% Agency	86% Bank/ 14% Agency	87% Bank/ 13% Agency			
	By March 18 to increase the Users of the Corporate Bank Service by 25%	At Year-end 2016-17: 48% increase new users.	14% increase in new Users	3% increase in new users (cum 17%)			Starting Point 194 units using Corporate Bank. End Q1 221 users End Q2 227 users
HRPTS	By end December 2017 all medical staffing recruitment to be processed through the eRecruitment system.	There has been limited progress on evolving the use of HRPTS in Medicine & Surgery. Follow up meetings have been arranged with Senior Management, the objective is to achieve full usage of HRPTS/erec system by January 18

Difficulties have been encountered with the use of erec system within Psychiatry. Work is on-going to identify and correct system errors. | 30% | 30% | | | |

WORKFORCE & EFFICIENCY

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