Paper No: SET/15/16

South Eastern Health and Social Care Trust

Performance Management Framework

Corporate Scorecard

January 2016

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 2015/16
- 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
AHP	Allied Health Professional
ASD	Autistic Spectrum Disorder
BH	Bangor Hospital
BHSCT	Belfast Trust
C Diff	Clostridium Difficile
C Section	Caesarean Section
CAUTI	Catheter Associated Urinary Tract Infection
CBYL	Card Before You Leave
CCU	Coronary Care Unit
CHS	Child Health System
CLABSI	Central Line Associated Blood Stream Infection
CNA	Could Not Attend (eg at a clinic)
DC	Day Case
DH	Downe Hospital
DNA	Did Not Attend (eg at a clinic)
ED	Emergency Department
EMT	Executive Management Team
ERCP	Endoscopic Retrograde Cholangiopancreatography
ESS	Employee Self Service (in relation to HRPTS)
FIT	Family Intervention Team
FOI	Freedom of Information
HCAI	Health Care Acquired Infection
HR	Human Resources
HRMS	Human Resource Management System
HRPTS	Human Resources, Payroll, Travel & Subsistence
HSCB	Health & Social Care Board
HSMR	Hospital Standardised Mortality Ratios
ICU	Intensive Care Unit
IiP	Investors in People
IP	Inpatient
IP&C	Infection Prevention & Control
KPI	Key Performance Indicator
KSF	Key Skills Framework
LVH	Lagan Valley Hospital
MPD	Monitored Patient Days
MRSA	Methicillin Resistant Staphylococcus Aureus
MSS	Manager Self Service (in relation to HRPTS)
MUST	Malnutrition Universal Screening Tool
NICAN	Northern Ireland Cancer Network
NICE	National Institute for Health and Clinical Excellence
NIMATS	Northern Ireland Maternity System
OP	Outpatient
OT	Occupational Therapy
PAS	Patient Administration System
PC&OP	Primary Care & Older People
PDP	Personal Development Plan
PfA	Priorities for Action
PMSID	Performance Management & Service Improvement Directorate (at Health & Social Care Board)
RAMI	Risk Adjusted Mortality Index
SET	South Eastern Trust
S&LT	Speech & Language Therapy
SQE	Safety, Quality and Experience
SSI	Surgical Site Infection
TDP	Trust Delivery Plan
UH	Ulster Hospital
VAP	Ventilator Associated Pneumonia
VTE	Venous Thromboembolism
W&CH	Women and Child Health
WHO	World Health Organisation
WLI	Waiting List Initiative

SAFE AND EFFECTIVE CARE

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

Commissioning Priorities

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			OCT	NOV	DEC	
Patient Safety **VTE Compliance**	Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2015/16 (includes DPU).	Medical	93%	95%	94%	Figures for W&CH forwarded to R Kelly and C McElhenny
		Surgical	**85%**	95%	97%	
		Day Procedure Unit	-	-	-	
		Women & Child Health	**89%**	**50%**	**80%**	
		SET (Trustwide)	90%	93%	94%	

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

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">ACTUAL PERFORMANCE</th><th colspan="3">PROGRESS</th><th rowspan="2">TREND ANALYSIS</th></tr>
<tr><th>OCT</th><th>NOV</th><th>DEC</th></tr>
<tr>
<td>Falls Reduction</td>
<td>Trusts will continue to improve compliance with Part B of the ‘Fallsafe’ Bundle.

Trusts will spread the regionally agreed elements of Part A of the ‘Fallsafe’ bundle and demonstrate an increase each quarter in the % of adult inpatient ward/areas in which ‘Fallsafe’ bundle has been implemented.

Trusts will monitor and provide reports on bundle compliance, the number of incidents of falls, those which cause moderate or more severe harm and the rate per 1,000 bed days.</td>
<td>
<table>
<tr><th>Falls Reduction</th><th>Quarterly Rate</th></tr>
<tr><td>Q2 2013</td><td>6.5</td></tr>
<tr><td>Q3 2013</td><td>6.9</td></tr>
<tr><td>Q4 2013</td><td>6.4</td></tr>
<tr><td>Q1 2014</td><td>6.8</td></tr>
<tr><td>Q2 2014</td><td>8.0</td></tr>
<tr><td>Q3 2014</td><td>6.8</td></tr>
<tr><td>Q4 2014</td><td>7.2</td></tr>
<tr><td>Q1 2015</td><td>5.1</td></tr>
<tr><td>Q2 2015</td><td>5.6</td></tr>
</table>
Falls Rate reported on quarterly basis. Information retrieved from PHA, Quality Improvement.

For compliance with individual elements of Part A and Part B please see Appendix 1.

Total Spread = 100%
</td>
<td>Part A

40%

Part B

57%</td>
<td>Part A

70%

Part B

77%</td>
<td>Part A

81%

Part B

82%</td>
<td>October 2015 was an independent validation month for this KPI.

Findings from the validation audit showed that there was low compliance with the urinalysis in part A and bedrails risk assessment and lying and standing blood pressure in part B.
The section within the Nursing Assessment booklet where the urinalysis should be documented was very poorly completed and it was not always noticeable where in the evaluation notes the result of the urinalysis was documented or if it was not applicable (as per the KPI guidance). This may be the reason that there is a noticeable difference in the results of the validation audit to the previous months.

There does not seem to be an obvious reason why compliance with the bedrails risk assessment was lower than previous months. This is being highlighted to the wards so that focus can be aimed at improving compliance.

The assessment of the lying and standing blood pressure showed low compliance also but this has been known and wards are aware and are working towards improving compliance here.

Compliance with each individual element dictates overall compliance levels and work is on-going to try and improve this. This is a lengthy bundle of elements to comply with.

During January 2016 all wards were visited by S&E Care with individual KPI results.</td>
</tr>
</table>

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

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">ACTUAL PERFORMANCE</th><th colspan="3">PROGRESS</th><th rowspan="2">TREND ANALYSIS</th></tr>
<tr><th>OCT</th><th>NOV</th><th>DEC</th></tr>
<tr><td rowspan="5">Pressure Ulcer Reduction</td><td rowspan="5">From April 2015 establish a baseline for the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were unavoidable.

Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days.</td><td rowspan="5"><table><tr><th>Pressure Ulcer Reduction</th><th>Quarterly Rate</th></tr><tr><td>Q2 2013</td><td>0.35</td></tr><tr><td>Q3 2013</td><td>0.40</td></tr><tr><td>Q4 2013</td><td>0.42</td></tr><tr><td>Q1 2014</td><td>0.4</td></tr><tr><td>Q2 2014</td><td>0.4</td></tr><tr><td>Q3 2014</td><td>0.5</td></tr><tr><td>Q4 2014</td><td>0.3</td></tr><tr><td>Q1 2015</td><td>0.4</td></tr><tr><td>Q2 2015</td><td>0.3</td></tr></table></td><td colspan="3">SKIN Bundle Compliance</td><td rowspan="5">Total Spread = 97%

Pressure Ulcer Rate & Bundle Compliance.
This is reported on a quarterly basis.

October 2015 was an independent validation month for this KPI.

The main area where the compliance failed was in the individualising of each SKIN bundle i.e. documenting the frequency of repositioning of the patient relative to their needs and requirements. Work is on-going to improve this.

During the month of December there are plans to visit all wards with individual results and further updates re completing KPIs.

During January 2016 all wards were visited by S&E Care with individual KPI results.</td></tr>
<tr><td>Medical
55%</td><td>Medical
71%</td><td>Medical
74%</td></tr>
<tr><td>Surgical
67%</td><td>Surgical
77%</td><td>Surgical
85%</td></tr>
<tr><td>W&CH (Neely)
No Data</td><td>W&CH (Neely)
100%</td><td>W&CH (Neely)
60%</td></tr>
<tr><td>GP Wards
50%</td><td>GP Wards
100%</td><td>GP Wards
80%</td></tr>
<tr><td>Sepsis</td><td>HSC Safety Forum will work with Trusts to implement and spread Quality Improvement in the Early Management of Sepsis (eg use of the Sepsis 6) in medical assessment units (or in pilot wards by agreement) by March 2016.</td><td>First Workshop took place on 15th October 2014.

First Working Group meeting to be arranged for November 2014.</td><td><u>Maternity</u>

79%</td><td><u>Maternity</u>

88%</td><td><u>Maternity</u>

91%</td><td><u>For compliance with individual elements of Sepsis 6 Bundle see Appendix 2</u>

Work underway to implement the Sepsis 6 Bundle in Ward 12. Data collection to commence December 15.</td></tr>
</table>

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

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			OCT	NOV	DEC	
NEWS	95% compliance with accurately completed NEWS charts.	Medicine	95%	**81%**	93%	**October 2015 was an independent validation month for this KPI.** The compliance with the NEWS charts was very good. An explanation of any difference from previous months may be that the validation audit was completed over the previous 24 hours as per regional guidelines rather than the whole chart which has been common practice. During January 2016 all wards were visited by S&E Care with individual KPI results.
		Surgical	**89%**	**77%**	**82%**	
		W&CH	100%	No data	**60%**	
		Community	100%	**67%**	90%	
		SET (Trustwide)	94%	**80%**	**89%**	
Food & Nutrition (MUST)	100% Compliance of the completed MUST tool within 24 hours admission to hospital in all Adult Inpatient Wards by March 2016.	Medicine	**94%**	97%	98%	**October 2015 was an independent validation month for this KPI.** Compliance levels with the MUST remain very good. For all the KPIs feedback is given on a monthly basis to the Clinical Managers to disseminate to their ward staff. Currently and on a one-off basis individualised feedback is being hand delivered to each ward so that they are aware of their performance and they have an opportunity to action plan to improve their compliance with the KPIs. Future workshops are planning for the coming year to provide continued support in this area. During January 2016 all wards were visited by S&E Care with individual KPI results.
		Surgery	95%	95%	95%	
		W&CH	100%	95%	100%	
		Community (Ards GP Ward)	100%	100%	100%	
		SET (Trustwide)	95%	96%	97%	

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

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			OCT	NOV	DEC	
Omitted Meds	100% compliance in 80% of all adult inpatient wards by March 2016	Medicine	**87%**	**79%**	**84%**	Full rollout to wards commenced September 2015. Trustwide figure is inclusive of Mental Health Inpatient Wards. November GP Ward data based on 2 charts Omitted meds training to be rolled out.
		Surgery	**79%**	**92%**	**83%**	
		W&CH	No Data	100%	**80%**	
		Community (Ards GP Ward)	No Data	**50%**	**70%**	
		SET (Trustwide)	**84%**	**86%**	**84%**	

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

Compliance with individual elements of the FallSafe Bundle for the Trust (Appendix 1) December 15

Falls KPI

	Overall Compliance Rate	Part A Compliance Rate	Part B Compliance Rate	Nursing KPI Compliance
Actuals	Yes = 173, No = 74	Yes = 200, No = 47	Yes = 203, No = 44	Yes = 178, No = 69
%	70%	81%	82%	72%

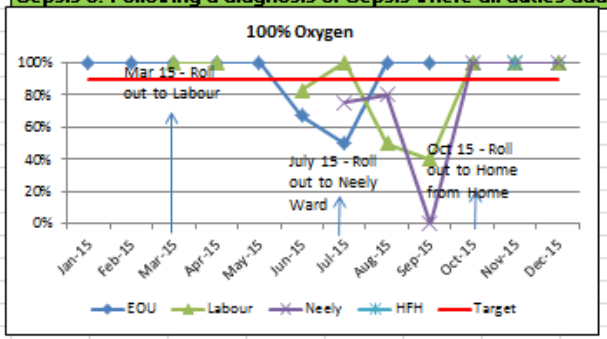
Compliance by Question

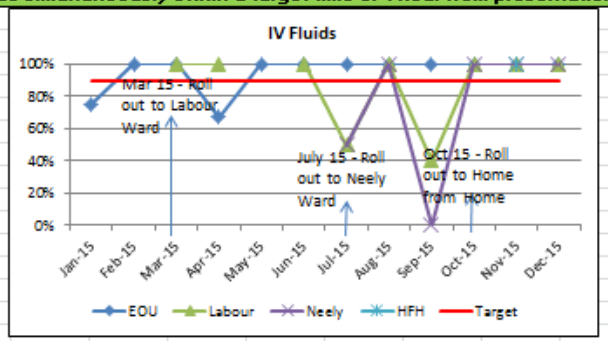
SAFE & EFFECTIVE CARE - All targets reported one month in arrears
December 2015 – Compliance with Sepsis 6 Bundle (Appendix 2) - Maternity

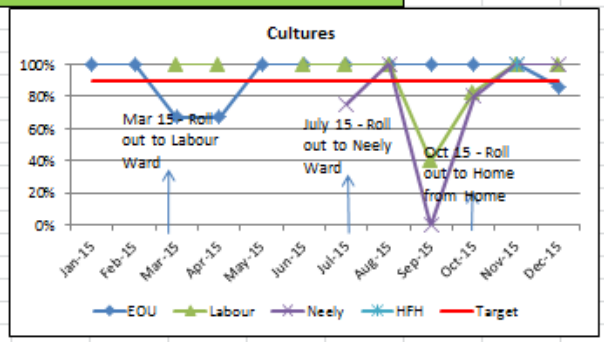
South Eastern Health and Social Care Trust

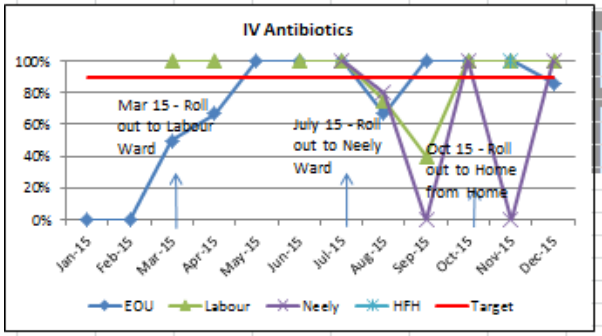
Sepsis Dashboard - Maternity

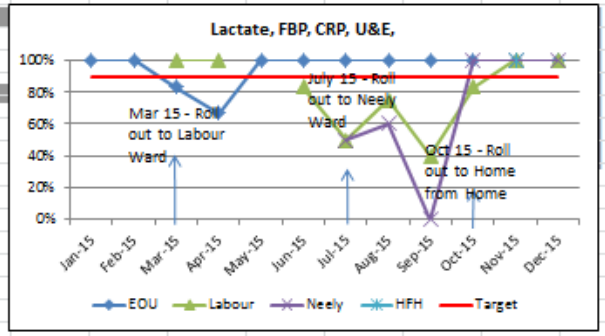
Sepsis 6: Following a diagnosis of Sepsis where all duties address simultaneously within a target time of 1 hour from presentation?

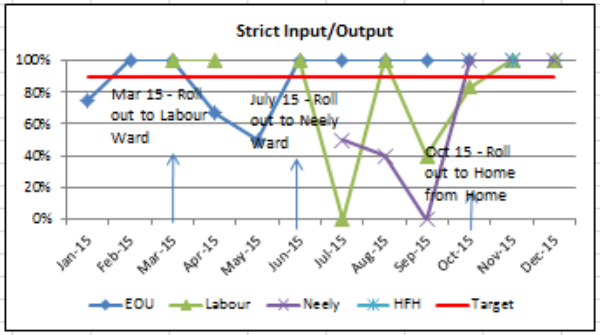


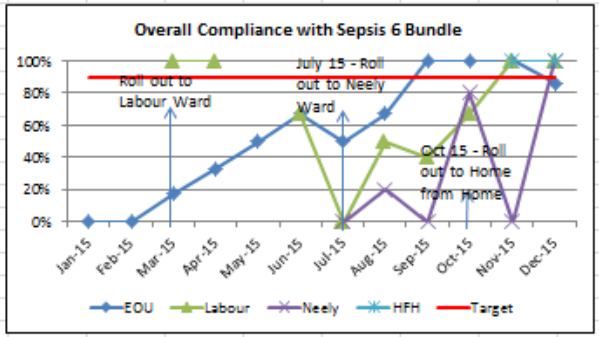












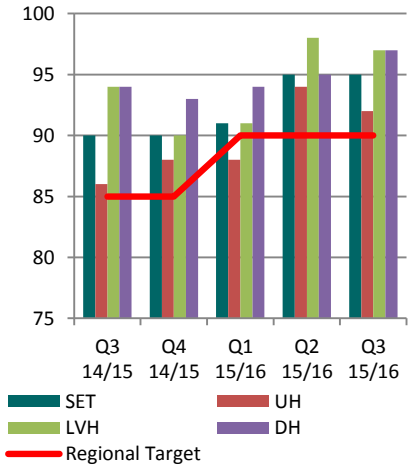
EOU
Mar 15 - Roll out to Labour Ward
Mar 15 - Delay in getting antibiotics due to business of unit
April 15 - again issues of workload in the unit/documentation
May 15 - Fluid balance commenced but time not recorded

Labour Ward
Apr 15 - all patients receive 1 to 1 care
May 15 - No forms filled out for Labour Ward in May

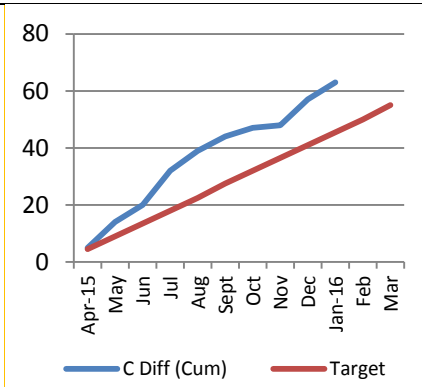
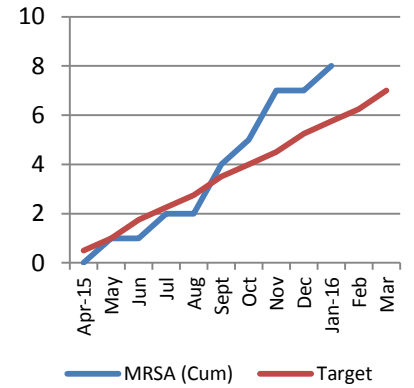
Neely Ward
July 15 - Roll out to Neely Ward

Home from Home

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					TREND
			Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	A new Policy for the Provision & Management of Cleaning services published in January 2015 has set a cleanliness index target of 90%, this is consistently met by all 3 acute hospitals. The SET figure includes other Trust facilities. Overall the Trust consistently exceeds its own internal target for all facilities, although individual facilities may not meet this target.	SET 90%	SET 90%	SET 91%	SET 95%	SET 95%	
			UH 86%	UH 88%	UH 88%	UH 94%	UH 92%	
			LVH 94%	LVH 90%	LVH 91%	LVH 98%	LVH 97%	
			DH 94%	DH 93%	DH 94%	DH 95%	DH 97%	

SAFE & EFFECTIVE CARE

<table>
<tr><th>TITLE</th><th>Target</th><th>NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th></th><th></th><th></th><th>NOV</th><th>DEC</th><th>JAN</th><th></th></tr>
<tr>
<td rowspan="2">HCAI</td>
<td rowspan="2">By March 2016, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2014/15</td>
<td rowspan="2">
<table>
<tr><th></th><th>2014/15 Total</th><th>2015/16 Target</th></tr>
<tr><td>C Diff</td><td>Target <50
Actual 67</td><td>Target <55</td></tr>
<tr><td>MRSA</td><td>Target <11
Actual 7</td><td>Target <7</td></tr>
</table>
January figures subject to validation
</td>
<td>C Diff
1
(cum 48)</td>
<td>C Diff
9
(cum 57)</td>
<td>C Diff
6
(cum 63)</td>
<td> 
</td>
</tr>
<tr>
<td>MRSA
2
(cum 7)</td>
<td>MRSA
0
(cum 7)</td>
<td>MRSA
1
(cum 8)</td>
<td> 
</td>
</tr>
</table>

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Outpatient waits	Min 60% <9 wks for first appt (was 80% in 14/15)		**39.9%**	**40.7%**	**42.4%**		**38.7%**	**35.8%**	**36%**	**32.9%**	**29.6%**	**29.2%**	**28%**	**28.8%**	**26.1%**	**25.8%**
	All <18 wks (was 15 wks)		**60.3%**	**57.4%**	**56.4%**		**60.4%**	**59.6%**	**57.5%**	**53.7%**	**51.3%**	**49%**	**46.1%**	**46..3%**	**43.9%**	**44.2%**
Diagnostic waits	Imaging (<9 weeks)		96.5%	95.5%	96.1%		**94.6%**	95.5%	96%	95.5%	**93.9%**	**94.7%**	**94.7%**	**93.4%**	**92%**	**87.7%**
	Physiological Measurement (<9 wks)		**60.9%**	**60.7%**	**63.2%**		**61.2%**	**61.7%**	**61.2%**	**57.2%**	**54.7%**	**52.2%**	**52.7%**	**57.7%**	**57.4%**	**64.1%**
	Diag Endoscopies	< 9 wks	**61.4%**	**58%**	**54.4%**		**49.8%**	**47.9%**	**45%**	**42%**	**38%**	**37%**	**39%**	**42%**	**39%**	**37%**
		< 13 wks	**70.3%**	**68.4%**	**68%**		**71%**	**68.4%**	**71.5%**	**65.8%**	**68.7%**	**67%**	**68%**	**71%**	**66%**	**68%**
Inpatient & Daycase Waits	Min 65% <13 wks (was 80%)		**64.6%**	**60.4%**	**56.9%**		**55.5%**	**54.3%**	**53.7%**	**50.7%**	**47.9%**	**45.5%**	**46%**	**48%**	**47%**	**45.5%**
	All <26 wks		**87.1%**	**84.7%**	**80%**		**78.9%**	**77%**	**75.4%**	**72.5%**	**68.9%**	**67.4%**	**66%**	**66%**	**65%**	**63%**
Diagnostic Reporting	Urgent tests reported <2 days		97%	**94%**	95.9%		97.3%	97.2%	97.2%	95.7%	97.2%	96.1%	96.6%	95%	96%	96.5%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	**76.8%**	**76.2%**	**79.6%**		**78.6%**	**81.6%**	**81.3%**	**84.2%**	**78.9%**	**81.8%**	**81.4%**	**78.6%**	**79.7%**	**77.6%**
		12hr breaches	237	229	100		149	100	136	23	124	28	**106**	**96**	175	212
	UHD	4hr performance	**67.4%**	**66.6%**	**71%**		**68.2%**	**73%**	**72.2%**	**77.4%**	**69.3%**	**74.1%**	**73.7%**	**69.3%**	**71%**	**68.9%**
		12hr breaches	237	210	97		147	100	133	21	123	28	106	93	162	197
	LVH	4hr performance	**84.9%**	**85.1%**	**88.2%**		**88.9%**	91.8%	**88.4%**	**89.4%**	**87.5%**	**85.3%**	**87.2%**	**90.5%**	**89.6%**	**86.4%**
		12hr breaches	0	3	1		0	0	0	0	0	0	0	0	0	0
	DH	4hr performance	90.3%	**86.5%**	**89%**		92.3%	91.9%	92.8%	93%	94%	93.6%	91.9%	**90.1%**	**90.7%**	**89.7%**
		12hr breaches	0	16	2		2	0	3	2	1	0	**0**	**3**	13	15
Non Complex discharges	ALL <6hrs		**93.1%**	**92.2%**	**92.5%**		**91.4%**	**91.4%**	**90.6%**	**90.8%**	**90.7%**	**89.7%**	**90.8%**	**91.8%**	**91.6%**	**91.6%**
Hip Fractures	>95% treated within 48hrs		**78%**	**89%**	**84%**		**71%**	**85%**	**81%**	**68%**	**86%**	**83%**	**57%**	**64%**	**83%**	**94%**
Stroke Services	13% patients with confirmed Ischaemic stroke to receive thrombolysis (was 12%)		11.9%	13%	**8.3%**		**0%**	**11.4%**	**6.5%**	**8.5%**	**8.3%**	**8.1%**	**0%**	**9.8%**	13.9%	22%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		**54%**	**57%**	**61%**		**61%**	**60%**	**62%**	**62%**	**57%**	**62%**	**57%**	**55%**	**70%**	**52%**
	All urgent referrals for breast cancer seen within 14 days (n= breaches)		100% (0)	100% (0)	97.8% (4)		**94.7% (8)**	**81.6% (30)**	**86.9% (30)**	**90.1% (14)**	**52.9% (66)**	**44.6% (98)**	**12.4% (191)**	**23.1% (249)**	**78.1% (58)**	98.8% (2)
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.		94% (6)	98% (3)	99% (1)		95% (5)	**93% (7)**	96% (5)	96% (5)	97% (3)	**93% (8)**	100% (0)	97% (4)	97% (4)	**92.3% (9)**
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Psoriasis (n) - Breaches		100%	100%	100%		100%	100%	100%	**75% (2)**	**66.6% (3)**	**42.9% (4)**	**83.4% (1)**	100% (0)	100% (0)	100% (0)

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		98.3%	97.4%	97.7%	99.4%	98.2%	99.5%	98.4%	98.5%	95.2%	97.1%	96.8%	95%	98.8%
	% routine tests reported <28 days (Target formerly 100%)		100%	99.7%	99.9%	99.9%	99.9%	99.9%	99.9%	99.1%	99.5%	99.9%	98.6%	99.7%	99.9%
% Operations cancelled for non-clinical reasons (Target formerly <2%)	Main Reasons for UHD Cancellations: 24 – ED Hospital Pressures 10 – Ward Beds Unavailable	SET	2.1%	1.9%	**3.1%**	1.4%	1.1%	1.1%	1.7%	0.6%	0.6%	0.7%	1.4%	1.9%	2.1%
		UHD	**3%**	1.8%	**2.3%**	**2.2%**	1.8%	1.7%	1.9%	0.9%	1.2%	1.4%	1.9%	**3.6%**	**3.7%**
		AR	1.6%	0.5%	**10.4%**	1.6%	0%	0.2%	**3.9%**	0.3%	0.2%	0%	0.2%	0.2%	1.1%
		LVH	1%	1.2%	0.5%	0.7%	0.9%	1.1%	0.6%	0%	0.1%	0.3%	1.8%	0.6%	1%
		DH	1.7%	**5.3%**	1%	0.3%	0.5%	0%	0.3%	0.9%	0.4%	0%	0.2%	1.1%	1.2%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 33%**	**Cum 32%**	**Cum 32%**	**Cum 31%**	**Cum 18%**	**Cum 19%**	**Cum 23%**	Cum 25%	**Cum 23%**	**Cum 21%**	Reported 3 mths in arrears		
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 77.7%	Cum 78%	Cum 78.2%	Cum 94.9%	Cum 95.9%	Cum 92.5%	Cum 88.6%	Cum 85.7%	Cum 85.8%	Cum 85.1%	Reported 3 mths in arrears		
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		9997	9529	10814	10912	10996	11106	10844	11097	11116	11282	11009	10422	10333
	Ulster Hospital		6969	6487	7392	7456	7588	7542	7285	7638	7533	7725	7666	7213	7223
	Lagan Valley Hospital		1631	1690	1909	1845	1827	1916	1882	1801	1945	1912	1854	1740	1682
	Downe Hospital (inc w/end minor injuries)		1397	1352	1513	1611	1581	1648	1677	1658	1638	1645	1489	1469	1428
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		11.6%	9.7%	10%	10%	9.6%	9.4%	9.9%	9.2%	9.1%	9.3%	9.2%	9.9%	9.5%
	% New O/P appointments cancelled by hospital (Core/WLI) Target <5%		**5.4%**	4.8%	**5.9%**	**6.2%**	5.2%	4.3%	**5.4%**	4.5%	**5.5%**	5.1%	3.7%	5.1%	4..2%
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5062	5231	5904	5655	5482	6323	5725	5423	5946	6065	6089	5423	5741
Other Operative Fractures	>95% within 48hrs		**64%**	**85%**	**70%**	**73%**	**80%**	**66%**	**69%**	**86%**	**82%**	**66%**	**60%**	**73%**	**77%**
	100% within 7 days		97.4%	100%	98.8%	100%	98.6%	**93.2%**	**92.9%**	98.8%	97%	**90.8%**	**93.2%**	**94.6%**	**98.6%**
Stroke	No of patients admitted with stroke		42	46	36	26	35	31	35	36	37	39	41	36	41
ICATS	No patient should wait longer than 9 weeks for first appointment. (n) = breaches	Dermatology	**93.6% (26)**			**94.3% (13)**			96.2% (8)			**78.4% (65)**			**77.9% (67)**
		Ophthalmology	**84.7% (38)**			**80.4% (41)**			**83.2% (57)**			**80.1% (48)**			**84% (28**

HOSPITAL SERVICES

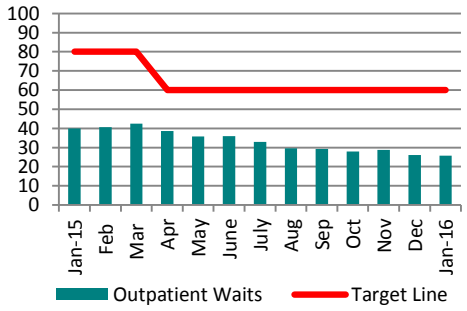
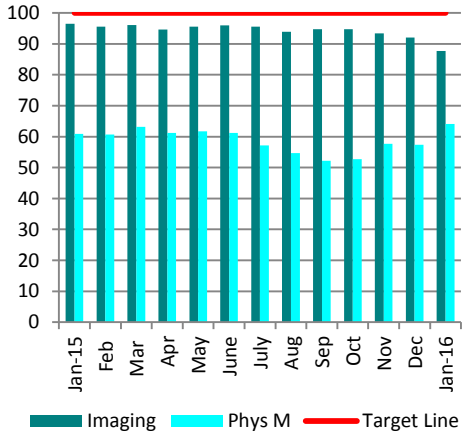
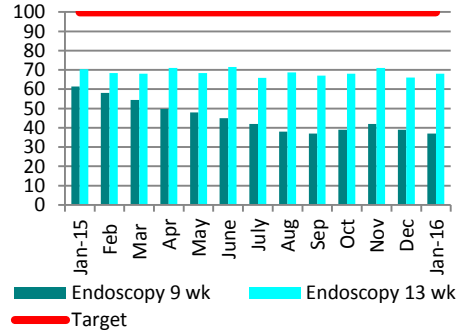
Directorate KPIs and SQE Indicators

Service Area	Indicator	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.7	6.3	6.7		6.4	6.3	6.4	6.4	5.4	6	6.3	6	5.9	6
	Ave LOS trimmed	4.7	4.8	5		4.8	4.8	4.8	5.1	4.5	4.8	5	4.7	4.8	4.8
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	13.4	9.8	12		12.1	11.6	9.9	11.1	10.8	10.7	9.9	9.8	10.3	12
	Ave LOS trimmed	7.1	7.4	7.7		7.7	7.5	6.9	7	8.2	8.1	7.3	7.9	8	8.1
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**78.4%**	**77.7%**	**79.6%**		84%	**79.8%**	85.6%	88.8%	80.2%	87.1%	88%	83.4%	84.2%	**77.2%**
	% NEW attendances who left without being seen (Target < 5%)	2.9%	2.6%	2.4%		3.8%	3.5%	3.8%	2.2%	2.9%	2.2%	2.7%	3.1%	2.6%	2.2%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.4%	2.5%	2.7%		2.3%	2.8%	2.8%	2.9%	3.1%	2.9%	2.5%	2.9%	2.3%	2.7%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	55.2%	50%	50.9%		43.3%	51.7%	48.5%	50%	46%	50.2%	48.7%	44.8%	54.4%	55.2%

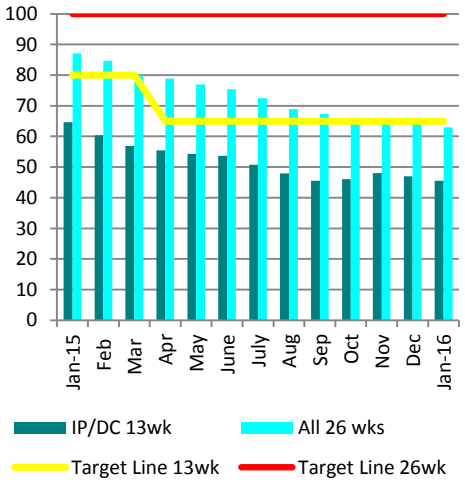
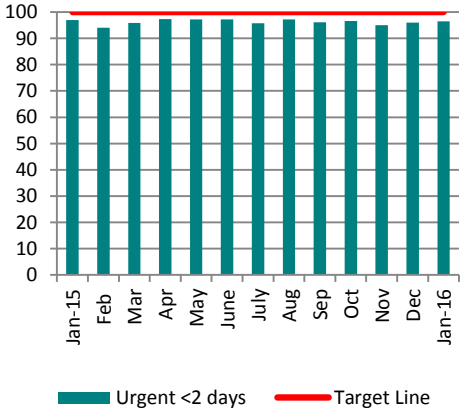
Hospital Services – Corporate Issues

Service Area	Indicator	DEC 14	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Complaints	How many complaints were received this month?	30	25	25	46		35	29	35	33	34	28	28	27	26
	What % were responded to within the 20 day target? (target 65%)	**43%**	**28%**	**44%**	**52%**		**51%**	59%	66%	67%	**35%**	**50%**	**46%**	56%	**46%**
	How many were outside the 20 day target?	17	18	14	22		17	12	12	11	22	14	15	12	14
Freedom of Information Requests	How many FOI requests were received this month?	6	12	4	5		4	1	6	4	2	4	5	2	1
	What % were responded to within the 20 day target? (target 100%)	100%	**58%**	100%	**60%**		**75%**	**0%**	**67%**	100%	**50%**	**50%**	**40%**	**50%**	100%
	How many were outside the 20 day target?	0	5	0	2		1	1	2	0	1	2	3	1	0

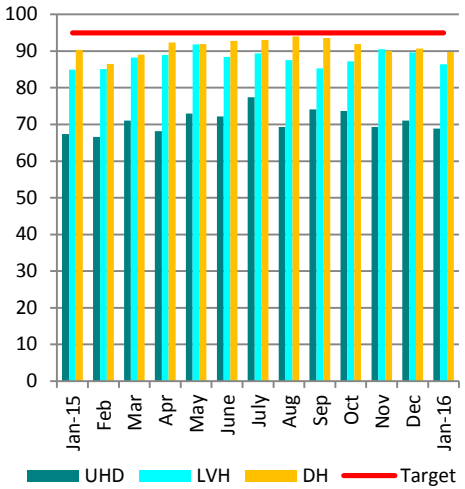
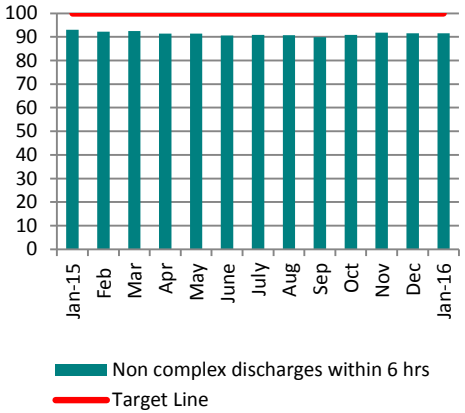
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE NOV	PERFORMANCE DEC	PERFORMANCE JAN	TREND
Outpatient Waits	From April 2015, at least 60% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 18 weeks. **(Previously at least 80% waiting no longer than 9 wks with no one waiting longer than 15 wks)**	% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >18 wks (from Apr 15)	**28.8%** **[48693]** **(34684)** **{26147}**	**26.1%** **[49091]** **(36285)** **{27550}**	**25.8%** **[48300]** **(35858)** **{26972}**	
Diagnostic waits	No patient should wait longer than 9 weeks for a diagnostic test.	**Imaging (9 wk target)** These figures relate to Imaging waits only. [n] = total waiting (n) = breaches 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.*	**93.4%** **[4754]** **(312)**	**92%** **[4987]** **(399)**	**87.7%** **[5240]** **(645)**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**57.7%** **(1344)**	**57.4%** **(1286)**	**64.1%** **(1073)**	
	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)	**42%** **[3342]** **(1948)**	**39%** **[3461]** **(2095)**	**37%** **[3434]** **(2160)**	
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	**71%** **[679]** **(199)**	**66%** **[640]** **(216)**	**68%** **[687]** **(220)**	

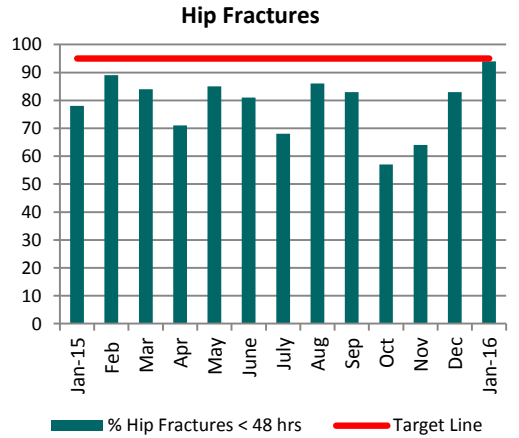
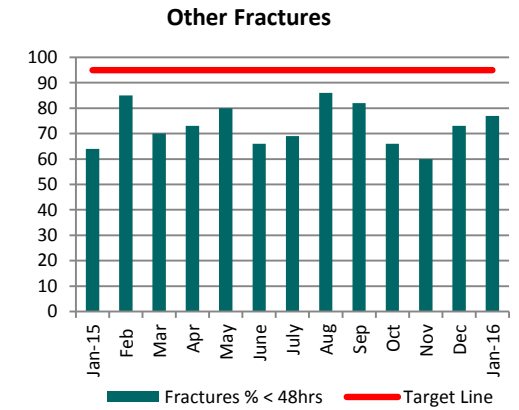
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Inpatient & Daycase Waits	From April 2015, at least 65% of inpatients and day cases to wait no longer than 13 weeks to be treated and no patient to wait longer than 26 weeks for treatment.	Inpatients / Daycase – 13 wk target % = % waiting < 13 weeks (n) = breaches	**48%** **(4468)**	**47%** **(4685)**	**45.5%** **(5058)**	
		All Specialties – 26 wk target % = % treated within 26 weeks (n) = breaches (26 wks)	**66%** **(2909)**	**65%** **(3143)**	**63%** **(3413)**	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In January 2016, 1517 total urgent tests reported, 1464 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	95% (77) [1534]	96% (58) [1493]	96.5% (53) [1517]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE NOV	PERFORMANCE DEC	PERFORMANCE JAN	TREND
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. 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 12516 [9837] 78.6% (96)** **UH 7666 [5311] 69.3% (93)** LVH 1854 [1677] 90.5% (0) **DH 1489 [1342] 90.1% (3)**	**SET 11834 [9426] 79.7% (175)** **UH 7213 [5123] 71% (162)** **LVH 1740 [1559] 89.6% (0)** DH 1469 [1332] 90.7% (13)	**SET 11726 [9104] 77.6% (212)** **UH 7223 [4976] 68.9% (197)** **LVH 1682 [1454] 86.4% (0)** **DH 1428 [1281] 89.7% (15)**	
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	**91.8%** **2638** **(216)**	**91.6%** **2560** **(217)**	**91.6%** **2435** **(205)**	

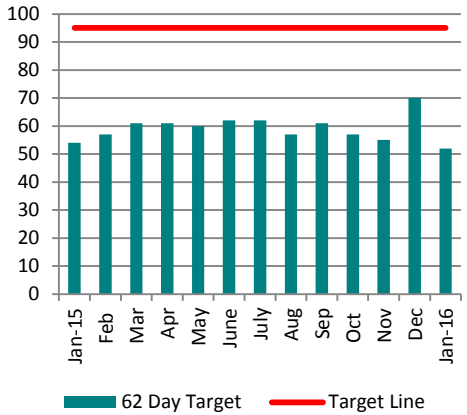
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% = % treated within 48 hours. n = number of fractures (n) = number < 48 hours [n] = number >48 hours	**64%** **36** **(23)** **[5]**	**83%** **42** **(35)** **[7]**	94% 31 (29) [2]	
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	**60%** **73** **(44)** **[29]** **{5}**	**73%** **74** **(54)** **[20]** **{4}**	**77%** **71** **(55)** **[16]** **{1}**	
Stroke Services	From April 2015, ensure that at least 13% of patients with confirmed ischaemic stroke receive thrombolysis. (2014/15 Target = 12%)	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	**9.8%** **4** **(41)**	13.9% 5 (36)	22% 9 (41)	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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 57 SET CBYL referrals received during January 2016. All were offered appointments within 24 hours. There were also 27 out of Trust patients who attended the Ulster Hospital ED – all were passed on to the relevant Trust's CBYL Service. 3 Declined services 2 DNA 1 open to CMHT and followed up by key worker. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (57) [0]	100% (60) [0]	100% (57) [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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 Circumstances can create breaches which are shared with another Trust. In January 2016, 57 patients were seen. There were 27.5 breaches involving 37 patients, of whom 9.5 were shared. Revisions post patient pathway confirmation and pathology validation:- Nov was 54%, 71, (33) now 55%, 74, (33) Dec was 69%, 51, (22.5) now 70%, 74.5, (22.5)	**55%** **74** **(33)**	**70%** **74.5** **(22.5)**	**52%** **57** **(27.5)**	
	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days n = number of referrals (n) = breaches	**23.1%** **324** **(249)**	**78.1%** **265** **(58)**	98.8% 163 (2)	
	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) = breaches	97% (3)	97% (3)	**92.3%** **(9)**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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% (1) [0]	100% (2) [0]	100% (9) [0]	
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches	100% (5) [0]	100% (4) [0]	100% (9) [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	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Allied Health Professions waits	All < 13 weeks	**90.2%**	**93.8%**	95.2%		97.4%	96.7%	96.4%	96.6%	97%	96.5%	96.6%	96.9%	95.7%	95.7%
Complex Discharges	Min. 90% <48hrs (SET TOR)	**69.1%**	**73.1%**	**63.9%**		**71.1%**	**74.1%**	**75%**	**75.3%**	**76.1%**	**74.5%**	**76.2%**	**74%**	**76.5%**	**71.8%**
	Min. 90% <48hrs (All in SET beds)	**65.4%**	**73.6%**	**66.3%**		**73.4%**	**74.9%**	**76.9%**	**77.5%**	**79%**	**73.9%**	**76.7%**	**76.2%**	**78.6%**	**75.2%**
		446	**436**	**358**		**382**	**432**	**385**	**447**	**405**	**442**	**480**	**462**	**452**	**469**
	ALL <7days	**88.9%**	**89.5%**	**83.9%**		**90.9%**	**91.9%**	**90.9%**	**92.3%**	**93%**	**90%**	**92.2%**	**93.7%**	**92.8%**	**93.9%**
Unplanned admissions	Reduce by 5% for adults with specified long term conditions. Target for 15/16 = TBC	**Q4 547 (cum 2011)**				Q1 201 (cum 201)			Q2 530 (cum 731)			Reported quarterly in arrears			
Direct Payments	By March 2016, secure a 10% increase in number of Direct Payment cases (Baseline = 463, Target = 509 and is shared with Adult Services)	455	461	463		474	484	497	506	521	522	523	530	538	536

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Assess and Treat Older People	All assessments completed <5 wks	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	98.3% (1)	100%	100%		100%	100%	100%	100%	100%	100%	100%	95.2 (2)	100%	100%
Psychiatry of Old Age	No patient should wait longer than 9 weeks for first appointment (n) = breaches	**59% (160)**	**61.3% (155)**	**57.3% (186)**		**53% (215)**	**55% (202)**	**54.6% (208)**	**48.7% (268)**	**45.2% (296)**	**53.1% (242)**	**53% (238)**	**54.1% (241)**	**46.9% (290)**	**49.5% (261)**
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs) (n) = breaches	**91.2% (5)**	**86% (6)**	**77.7% (8)**		**91.3% (4)**	95.5% (3)	**94.2% (4)**	**93.7% (5)**	**88.2% (7)**	**86.8% (9)**	**91.7% (4)**	95.4% (2)	96.2% (2)	96.4% (2)
Orthopaedic ICATS	No patient should wait longer than 9 weeks for first appointment (n) = breaches	**4th Quarter 55.5% (706)**				**1st Quarter 58% (704)**			**2nd Quarter 56.7% (649)**			**3rd Quarter 70.2% (330)**			**69.8% (248)**

PRIMARY CARE AND OLDER PEOPLE SERVICES

Directorate KPIs & SQE Indicators

Service Area	Indicator		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%		43%	51%	52%	42%	44%	47%	**31%**	**36.2%**	**39%**	47%		
	20% increase in number of staff using E-NISAT. Baseline = 140 Target = 168 / mth		**147**	**142**	**150**	**154**	**138**	**135**	**135**	**148**	**118**	**130**		
	10% increase in number of Carers Assessments offered Baseline = 585 Target = 648		40	53 (cum 93)	56 (cum 149)	82 (cum 231)	49 (cum 280)	64 (cum 344)	109 (cum 453)	120 (cum 573)	55 (cum 628)	75 (cum 703)		
	By March 2016, secure a 10% increase in the number of direct payments (March 15 figure = 70)		71	71	74	72	77	75	73	72	73	70		
	District Nursing Caseload Allocation Compliance No more than 50 unactioned in each locality **January figures taken at 4.05pm on 3rd February**	North Down	**Reporting to commence in October**						20	1	6	0		
		Ards							11	0	17	0		
		Down							**55**	2	3	0		
		Lisburn							8	2	2	0		

PRIMARY CARE AND OLDER PEOPLE SERVICES

		Jan 15	Feb	Mar		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 16
NDAdoc GP Out of Hours	Base Visits	1103	961	1075		1043	1020	848	837	902	918	1054	1100	1163	1098
	Advice	2747	2506	2550		2477	2607	1938	2025	2195	1901	2230	2218	2749	2573
	Home Visit	357	305	246		264	289	239	271	308	205	231	271	273	324
	TOTAL	**4207**	**3772**	**3871**		**3784**	**3916**	**3025**	**3133**	**3405**	**3024**	**3515**	**3589**	**4185**	**3995**
Lagandoc GP Out of Hours	Base Visits	1225	1135	1241		1250	1317	1026	1061	1114	1033	1220	1371	1392	1364
	Advice	2193	1887	2122		1929	2062	1495	1459	1627	1379	1700	1580	2019	2074
	Home Visit	168	152	150		152	169	135	110	111	130	138	124	141	153
	TOTAL	**3586**	**3174**	**3513**		**3331**	**3548**	**2656**	**2630**	**2852**	**2542**	**3058**	**3075**	**3552**	**3591**
Downedoc GP Out of Hours	Base Visits	962	868	893		960	1122	965	900	946	885	948	993	1034	981
	Advice	994	989	1037		950	1077	853	975	981	858	920	897	1131	1176
	Home Visit	69	72	49		44	55	28	39	61	54	42	62	50	53
	TOTAL	**2025**	**1929**	**1979**		**1954**	**2254**	**1846**	**1914**	**1988**	**1797**	**1910**	**1952**	**2215**	**2210**

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	DEC 14	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Complaints Handling	How many complaints were received this month?	10	9	12	9		12	11	13	13	15	10	12	16	11
	What % were responded to within the 20 day target? (target 65%)	80%	67%	**50%**	**33%**		58%	**45%**	62%	**54%**	67%	**50%**	58%	63%	73%
	How many were outside the 20 day target?	2	3	6	6		5	6	5	6	5	5	5	6	3
Freedom of Information Requests	How many FOI requests were received this month?	0	2	2	2		0	3	0	1	1	1	3	2	0
	What % were responded to within the 20 day target? (target 100%)	n/a	**50%**	**50%**	100%		n/a	**33%**	n/a	**0%**	100%	100%	**67%**	**50%**	**n/a**
	How many were outside the 20 day target?	0	1	1	0		0	2	0	1	0	0	1	1	0

PRIMARY CARE AND OLDER PEOPLE SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>NOV</th><th>DEC</th><th>JAN</th></tr>
<tr>
<td>AHP Waits</td>
<td>No patient to wait longer than 13 weeks from referral to commencement of treatment

(was 9 weeks up to March 2015).</td>
<td>At 31st January 2016 of 7789 patients on the AHP waiting list, 332 are waiting longer than 13 weeks.

<table>
<tr><th>Service</th><th>No on W/L</th><th>Waiting >13 wks</th><th>Comp-liance</th></tr>
<tr><td>Physio</td><td>3904</td><td>63</td><td>98.4%</td></tr>
<tr><td>OT</td><td>1066</td><td>41</td><td>96.2%</td></tr>
<tr><td>Orthoptics</td><td>216</td><td>0</td><td>100%</td></tr>
<tr><td>Podiatry</td><td>932</td><td>7</td><td>99.2%</td></tr>
<tr><td>S&LT</td><td>664</td><td>11</td><td>98.3%</td></tr>
<tr><td>Dietetics</td><td>1007</td><td>210</td><td>79.1%</td></tr>
</table>

[n] = total waiting

(n) = breaches</td>
<td>96.9%

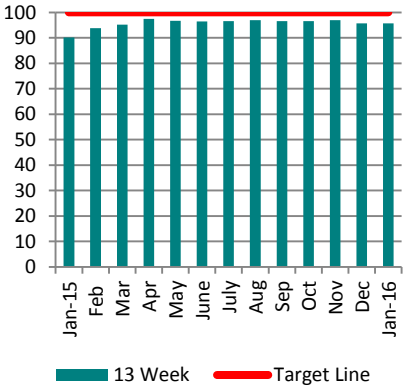
[8391]

(259)</td>
<td>95.7%

[8294]

(356)</td>
<td>95.7%

[7789]

(332)</td>
<td> 
</td>
</tr>
<tr>
<td>Complex Discharges</td>
<td>90% of complex discharges should take place within 48 hours.</td>
<td>All qualifying patients from SET Trust of Residence in NI acute beds.
(Source: HSCB Web Portal).

(n) = 48 hr breaches

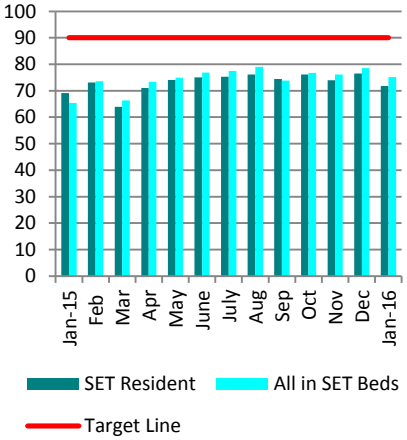
Revisions post validation:-

Nov was 75% (93) now 74%, (120)
Dec was 79.6% (70) now 76.5% (106)

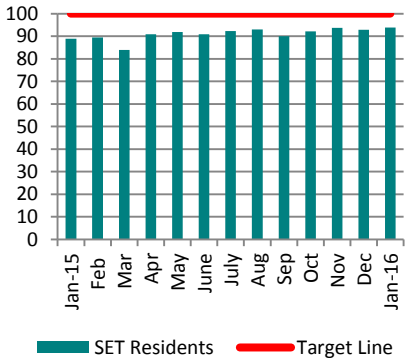
SET Key reasons:-
• No Domiciliary Care Package
• Patient / Family resistance</td>
<td>74%

(120)</td>
<td>76.5%

(106)</td>
<td>71.8%

(132)</td>
<td> 
</td>
</tr>
</table>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients in SET beds. (n) = complex discharges. Revisions post validation:- Dec was 78.5% (610) now 78.6% (612) There were also corresponding changes in the Trust of residence figures.	**76.2%** **(617)** **>48 hrs By Trust of res** **SET 96** **BT 48** **ST 2** **n/a 1**	**78.6%** **(612)** **>48 hrs By Trust of res** **SET 76** **BT 51** **ST 2** **NT 2**	**78.6%** **(612)** **>48 hrs By Trust of res** **SET 76** **BT 51** **ST 2** **NT 2**	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying patients in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days.	**93.7%** **617** **(39)** **SET 19** **BT 19** **n/a 1**	**92.8%** **612** **(44)** **SET 20** **BT 22** **ST 1** **NT 1**	**93.9%** **654** **(40)** **SET 16** **BT 22** **ST 1** **NT 1**	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					TREND
			Q2	Q3	Q4	Q1 15/16	Q2 15/16	
Unplanned Admissions	By March 2016 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	13/14 Baseline = 1688 14/15 Target = 1604 15/16 Target = 1520 **Reporting in arrears - Quarter 3 figures for 2015/16 will be available in the March Report.**	457 (cum 946)	518 (cum 1464)	**547** **(cum 2011)**	201 (cum 201)	530 (cum 731)	

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Direct Payment	By March 2016, secure a 10% increase in number of Direct Payment cases across all programmes of care (March 15 figure = 463 Target = 509 and is shared with Adult Services)		530	538	536	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Long-Term Conditions	By March 2016, deliver 78,000 Monitored Patient Days (equivalent to approx 550 patients – this number could be less if more expensive packages are being utilised) from the provision of remote tele-monitoring services through the Tele-monitoring NI contract. New information page available on I-Connect http://iconnect/NursingPrimaryCareOlder/PrimaryCare/SpecNursing/Pages/Telehealth.aspx	For 2015-16, a target of 78,000 patient target days is in place for the South Eastern Trust. At year end (2014-15) on Telehealth alone (TF3), SET just missed the targets by 2740 MPD i.e. 4%. The plan is to try and achieve this activity on TF3 telehealth alone. MPD = Monitored Patient Days	**TF3** **In Month** 6132 MPD 98.5% **Cumulative** 52,157 MPD 97.8%	**TF3** **In Month** 6147 MPD 101% **Cumulative** 58,595 MPD 98.2%	**TF3** **In Month** 6293 MPD 101% **Cumulative** 64,888 MPD 98.4%	Telemonitoring for Telehealth shows a 0.7% variance against the monthly target and 0.6% cumulative ie January provision of 6293 days against actual target of 6248 days. No of patients in January benefiting from remote telemonitoring **= 206 patients**
		If there is a shortfall towards the end of the year we will be able to utilize u-tell activity. n = Monitored Patient Days per month Monthly target = 6500 MPD	**Inc U-Tell:** **In month** 7362 118.2% **Cumulative** 53,387 100.1%	**Inc U-Tell:** **In month** 7688 121% **Cumulative** 66,283 111%	**Inc U-Tell:** **In month** 7440 119% **Cumulative** 73,723 112%	**U-Tell - January** **INR:** 37 pts x 31 days = 1147 MPD **DM:** 4 pts x 31 days = 124 MPD **Total:** 1271 MPD No new patients
Long-Term Conditions	By March 2016, 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. Electronic referral process now in place – see link http://iconnect/NursingPrimaryCareOlder/PrimaryCare/SpecNursing/Pages/Telecare.aspx	The Trust has started the process of educating practitioners about the system and referrals have been placed. Work is being undertaken to enable electronic referrals and this will hopefully be in place in June. January target = 9044 MPD January Cum target = 71,183 MCD = Monitored Care Day	**In Month** 5969 MCDs 76% **Cumulative** 47,374 MCD 88.4%	**In Month** 6343 MCDs 74% **Cumulative** 53,717 MCD 86.4%	**In Month** 6495 MCDs 72% **Cumulative** 60.212 MCD 85%	Monitoring for Telecare shows a increase in referrals in January (12 in total compared to 9 the previous month) with a monthly variance of 28%. With 12 referrals, 13 were installed and 5 de-installations due to deaths or admission to Residential or PNH. The number of patients benefiting from remote telecare monitoring **= 213 clients** (increase of 9 pts on previous month).

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Adult MH Services waits	All < 9 weeks	100%	100%	100%		100%	100%	100%	100%	100%	99.8%	100%	100%	100%	98.4%
Discharge and Follow-up	99% < 7days of decision to discharge	98%	98%	98%		100%	100%	99%	100%	94%	100%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	6	4	1		3	2	6	7	3	4	3	5	5	3
	All follow-up < 7 days from discharge	100%	97%	97%		100%	98%	100%	100%	100%	100%	100%	100%	100%	100%

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

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

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Mental Health	100% of Mental Health records to be available for outpatient clinics.	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	95% of GP Assessment Centre Letters to be posted with 10 days.	92%	90%	Down 60%		**Down 51%**	**Down 73.7%**	**Down 57%**	Down 95%	Down n/a	Down 96%	Down 100%	Down 99%	Down 97%	Down 100%
				Lisburn 97%		Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%
						NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA* 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 97%

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Complaints Handling	How many complaints were received this month?	2	1	1	1		2	1	3	4	10	2	5	2	2
	What % were responded to within the 20 day target? (target 65%)	**50%**	100%	100%	100%		100%	100%	100%	75%	100%	100%	80%	100%	100%
	How many were outside the 20 day target?	1	0	0	0		0	0	0	1	0	0	1	0	0
Freedom of Information Requests	How many FOI requests were received this month?	0	0	1	3		1	0	1	1	0	1	0	1	1
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	100%	**33%**		100%	n/a	**0%**	100%	n/a	**0%**	**n/a**	100%	100%
	How many were outside the 20 day target?	0	0	0	2		0	0	1	0	0	1	0	0	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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% (615) [0]	100% (525) [0]	98.4% (516) [8]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 71 discharges in January 2016, all were discharged within 7 days.	100%	100%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 3 delayed discharges in January 2016 – all pending accommodation and this is now being monitored through the Ward Social Workers who report to the Clinical Manager for Mental Health.	5	5	3	
	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 65 SET discharges in January 2016 for follow up within 7 days. All were offered appointments within 7 days. 1 DNA Awaiting feedback re 4 others from Belfast and Southern Trusts.	100%	100%	100%	
Resettlement	By March 2015, resettle the remaining long-stay patients in psychiatric hospitals to appropriate places in the community.	Remaining long-stay population have now been resettled and the PFA target has been met in full. This has been acknowledged by Linus McLaughlin at HSCB.	Target Met	Target Met	Target Met	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Discharge	99% <7days of decision to discharge	100%	100%	100%		100%	99%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	**6**	**7**	**7**		**9**	**9**	**9**	**10**	**10**	**11**	**13**	**12**	**11**	**13**
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community.														
Direct Payments	By March 2016, secure a 10% increase in number of Direct Payment cases (Baseline = 463, Target = 509 – Target shared with PC&OP)	455	461	463		474	484	497	506	521	522	523	530	538	536

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Adult Learning Disability / Adult Disability	Achieve 10% reduction in admissions to Muckamore Baseline: 39 Target: 33	0 (cum 20)	2 (cum 22)	1 (cum 23)		1 (cum 1)	3 (cum 4)	3 (cum 7)	2 (cum 9)	4 (cum 13)	1 (cum 14)	2 (cum 16)	1 (cum 17)	1 (cum 18)	3 (cum 21)
	100% compliance with Hand Hygiene Monthly Audits (Thompson House)	97%	100%	100%		100%	100%	100%	98%	97%	100%	100%	96.5%	97%	100%

ADULT SERVICES – DISABILITY SERVICES

		Quarter 3 (14/15)	Quarter 4 (14/15)		Quarter 1 (15/16)	Quarter 2 (15/16)	Quarter 3 (15/16)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 556 Target: 278 (70 per quarter)	3rd Quarter 132 (cum total 329)	4th Quarter 94 (cum total 423)		1st Quarter 105 (cum 105)	2nd Quarter 76 (cum 181)	3rd Quarter 127 (cum 308)
	Increase provision of alternative to bed based short breaks. Baseline = 14,800 hrs (3,700 / quarter)	3rd Quarter 3856 hrs (cum 15,250)	4th Quarter 4118 hrs (cum 19,368)		1st Quarter 4275.5 hours	2nd Quarter 7095 hours (Cum 11,370.5)	3rd Quarter 8035 hours (cum 19,405.5)
	Achieve minimum 88% internal environment cleanliness target.	93%	91%		84%	97%	89%

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – DISABILITY SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>NOV</th><th>DEC</th><th>JAN</th><th></th></tr>
<tr><td rowspan="2">Discharge</td><td>Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.</td><td>All patients discharged within the target time during January.</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>No discharge taking longer than 28 days.</td><td>The Trust currently has 14 people awaiting discharge, 13 of whom have been waiting for more than 28 days.

n = number awaiting discharge
(n) = breaches</td><td>12

(12)</td><td>12

(11)</td><td>14

(13)</td><td>Muckamore:-<table><tr><th>Delay in days</th><th>Nov</th><th>Dec</th><th>Jan</th></tr><tr><td>0-7</td><td>0</td><td>0</td><td>0</td></tr><tr><td>8-28</td><td>0</td><td>1</td><td>1</td></tr><tr><td>29-90</td><td>2</td><td>1</td><td>2</td></tr><tr><td>91-365</td><td>6</td><td>6</td><td>6</td></tr><tr><td>>365</td><td>4</td><td>4</td><td>5</td></tr><tr><td>Total</td><td>12</td><td>12</td><td>14</td></tr></table></td></tr>
<tr><td>Resettlement</td><td>By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.</td><td>Four patients remain to be resettled.</td><td>4 people remain to be resettled</td><td>4 people remain to be resettled</td><td>3 people remain to be resettled (one person is receiving active treatment)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	99.7% (1)	96.6% (2)	99.6% (1)		100% (0)	100% (0)	100% (0)	99.7% (1)	100% (0)	99.6% (1)	100% (0)	99% (3)	100% (0)	99.7% (1)
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal	100% (0)	98.2% (5)	100% (0)		98.4% (1)	99% (3)	99.6% (1)	99.3% (2)	98.9% (3)	99.2% (2)	97.4% (8)	96.6% (10)	100% (0)	97.3% (8)
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%
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.	96%	**90.8%**	**89.1%**		**91.7%**	**87%**	**89%**	**92.8%**	**93.5%**	**92.9%**	97.4%	**93.9%**	97.8%	96%
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%	**43% (8)**	100%	100%	100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

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

ADULT SERVICES – PRISON HEALTHCARE SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>NOV</th><th>DEC</th><th>JAN</th></tr>
<tr><td rowspan="2">Committal</td><td>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.</td><td>% = 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.</td><td>99%
293
(3)</td><td>100%
242
(0)</td><td>99.7%
292
(1)</td><td></td></tr>
<tr><td>All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.</td><td>% = performance
n = total committals
(n) = breaches

<table><tr><th></th><th></th><th>Nov</th><th>Dec</th><th>Jan</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>232</td><td>191</td><td>222</td></tr><tr><td>Breaches</td><td>1</td><td>0</td><td>0</td></tr><tr><td rowspan="2">Hydebank*</td><td>Committals</td><td>61</td><td>51</td><td>70</td></tr><tr><td>Breaches</td><td>9</td><td>0</td><td>8</td></tr></table></td><td>96.6%
293
(10)</td><td>100%
242
(0)</td><td>97.3%
292
(8)</td><td>All breaches in Hydebank Wood</td></tr>
<tr><td>Inter-Prison Transfers</td><td>On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.</td><td>% = performance
n = total transfers
(n) = breaches</td><td>100%
65
(0)</td><td>100%
25
(0)</td><td>100%
49
(0)</td><td></td></tr>
<tr><td>Emergency Care</td><td>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.</td><td>% = performance
n = total emergencies
(n) = breaches</td><td>100%
23
(0)</td><td>100%
40
(0)</td><td>100%
42
(0)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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	**93.9%** **704** **(43)**	97.8% 679 (15)	96% 662 (26)	All breaches in Maghaberry
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% (3) [0]	100% (31) [0]	100% (27) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Psychological Therapies waits	All < 13 weeks	**44.9%**	**47%**	**43.5%**		**47.2%**	**47.4%**	**51.9%**	**51.8%**	**48.7%**	**41.3%**	**41.4%**	**41.8%**	**42.9%**	**41.8%**

Adult Services Directorate – Clinical Psychology Services – KPIs

	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN
Direct Contacts (cum)	2262 (23800)	2449 (26249)	2463 (28712)		2400	1949 (4349)	2151 (6500)	1493 (7993)	1618 (9611)	1985 (11596)	2200 (13796)	1986 (15782)	1527 (17309)	2117 (19426)
Consultations (cum)	119 (1550)	115 (1665)	134 (1799)		105	116 (221)	105 (326)	59 (385)	101 (486)	94 (580)	90 (670)	89 (759)	67 (826)	96 (922)
Supervision - Hours (cum)	117 (1344.25)	100 (1444.25)	108 (1552.25)		127.5	129.5 (257)	141 (398)	85 (483)	92 (575)	122.5 (697.5)	104.5 (802)	102 (904)	93 (997)	138 (1135)
Staff training - Hours (cum)	88 (1168)	78.5 (1246.5)	160.5 (1407)		96.5	100 (196.5)	117 (313.5)	74.5 (388)	82 (470)	143.5 (613.5)	137.5 (751)	127 (878)	80 (958)	132.5 (1090.5)
Staff training - Participants (cum)	102 (2799)	191 (2990)	231 (3221)		211	319 (530)	310 (840)	165 (1005)	119 (1124)	322 (1446)	273 (1719)	390 (2109)	212 (2321)	337 (2658)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Complaints Handling	How many complaints were received this month?	0	0	0	0		0	1	0	0	0	0	0	0	1
	What % were responded to within the 20 day target? (target 65%)	**n/a**	**n/a**	**n/a**	**n/a**		**n/a**	100%	n/a	n/a	n/a	n/a	n/a	n/a	100%
	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
			NOV	DEC	JAN	
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	**41.8%** **947** **[551]**	**42.9%** **1001** **[572]**	**41.8%** **970** **[565]**	

Breaches	Dec	Jan
Adult Mental Health	**317**	**316**
Older People	**30**	**28**
Adult Learn Dis	**30**	**32**
Children's Learn Dis	**7**	**12**
Adult Health Psych	**187**	**176**
Children's Psych	1	1
Total	**572**	**565**

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (3)	100% (4)	100% (1)		100% (4)	100% (7)	**75% (4)**	100% (2)	100% (2)	n/a (0)	100% (2)	100% (3)	100% (2)	100% (1)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	**83.3% (1)**	100% (0)	**75% (5)**		100% (0)	**85.7% (1)**	**83.3% (1)**	**83.3% (1)**	100% (0)	**70% (3)**	**73.3% (4)**	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)	98.9% (1)	97% (3)	100% (0)		98.6% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	96.6% (3)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	**73.9%**	100%	98.7% (1)		98.4% (1)	100%	100%	97.6% (2)	100% (0)	100% (0)	**87.8% (9)**	95.2% (3)	**77.4% (7)**	**85.2% (9)**
	All Child protection case conference <15 days from receipt (n) = breaches	**92.3% (1)**	100%	**93.3% (1)**		**94.7% (1)**	**87.5% (2)**	95.5% (1)	96.4% (1)	100% (0)	**90.5% (2)**	**93.8% (2)**	**93.8% (1)**	**86.7% (2)**	**76.5% (4)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	95% (1)	**72.7% (6)**		**86.7% (4)**	**92.9% (1)**	**84.2% (3)**	**93.3% (1)**	**63.6% (4)**	100% (0)	100% (0)	100% (0)	**86.7% (2)**	**100% (0)**
	All Family Support referrals for assessment to be allocated <20 days from receipt	**78.5% (49)**	**91.1% (18)**	**94.2% (13)**		**92.2% (18)**	**91% (18)**	**86% (33)**	**88.3% (23)**	**91.2% (15)**	97.6% (5)	**89.4% (25)**	95.8% (8)	100% (0)	96.6% (7)
	All Family support initial assessment completed <10 days of allocation	**36.2%**	**29%**	**35.5%**		**37.6%**	**38.7%**	**41.6%**	**33.1%**	**29.9%**	**33.8%**	**26.4%**	**26%**	**35.9%**	**27%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**58.7%**	**57.1%**	**72.5%**		**82.9% (6)**	96.3% (1)	90.2% (5)	**83.5% (19)**	**69.2% (16)**	**51.9% (25)**	**64.3% (20)**	**71.4% (8)**	**89.2% (4)**	**54.7% (34)**
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	**59.3% (61)**	**53.5% (59)**	**53.9% (59)**		**46.9% (68)**	**54.3% (63)**	**65.2% (48)**	**58.8% (61)**	**63.1% (55)**	**54.1% (56)**	**59.1% (54)**	**63.4% (48)**	**67.7% (43)**	**74.8% (30)**
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	96.9% (2)	**87.2% (10)**	100% (0)		100% (0)	**87.5% (4)**	100% (0)	100% (0)	**87% (6)**	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	101	116	150		167	184	211	204	174	165	151	139	153	155

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN
Fostering	Number of Mainstream Foster Carers	287	296	291		297	308	299	300	305	302	310	310	315	321
	Number of children with Independent Foster Carers	13	13	15		15	15	15	18	18	17	18	23	23	21
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	93.6%	93.7%	94.2%		95%	93.2%	95.1%	94.1%	Reported 6 mths in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	Quarter 4 96.6%				Quarter 1 97.7%			Quarter 2 97.8%			Reported Quart in arrears			
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% by March 2014 (reporting is 2 mths in arrears)	**45.1%**	**46.3%**	50.7%		50.1%	50.6%	53.4%	54.6%	**46.2%**	48.1%	52%	50.9%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	168	198	236		243	279	305	272	249	236	214	215	250	287
	Family Centre Waiting List at month end	33	33	33		31	25	21	23	21	20	15	14	14	4
Care Leavers	At least 75% aged 19 in education, training or employment	76%	78%	78%		75%	**70%**	**70%**	75%	71%	76%	71%	**69%**	72%	76%

Children's Services - Corporate Issues

Service Area	Indicator	DEC 14	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Complaints	How many complaints were received this month?	5	8	5	11		9	10	12	6	11	5	11	6	3
	What % were responded to within the 20 day target? (target 65%)	**40%**	**25%**	**40%**	**45%**		**44%**	**50%**	58%	**33%**	55%	**40%**	**45%**	67%	**33%**
	How many were outside the 20 day target?	3	6	3	6		5	5	5	4	5	3	6	2	2
Freedom of Information Requests	How many FOI requests were received this month?	2	4	6	3		1	2	4	3	1	1	4	0	1
	What % were responded to within the 20 day target? (target 100%)	**50%**	**75%**	**50%**	**67%**		**0%**	**50%**	**25%**	**0%**	100%	**0%**	**25%**	**n/a**	**0%**
	How many were outside the 20 day target?	1	1	3	1		1	1	3	3	0	1	3	0	1

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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 There was one child admitted to care during January 2016. The placement was subject to formal assessment and went through the Children's Resource Panel.	100% (3)	100% (2)	100% (1)	
	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 18 children taken into care during July 2015. 4 children was respite / shared care, 7 children were discharged from care. Of the remaining 7 children, all had a permanence plan in place at the end of January 2016. % = % compliance n = number of children requiring a plan (n)= number of children without permanence plan within 6 months.	100% 8 (0)	100% 4 (0)	100% 7 (0)	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
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	96.6% (94) [91]	100% (43) [43]	100% (85) [85]	
	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.	95.2% (62) [59]	**77.4%** **(31)** **[24]**	**85.2%** **(61)** **[52]**	
	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	**93.8%** **(16)** **[15]**	**86.7%** **(15)** **[13]**	**76.5%** **(17)** **[13]**	
	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% (36) [36]	**86.7%** **(15)** **[13]**	100% (15) [15]	
	All family support referrals to be allocated to a social worker within 20 working days for initial assessment.	% = % compliance (n) = number of referrals allocated [n] = number within 20 days	95.8% (189) [181]	100% (140) [140]	96.6% (208) [201]	

CHILDREN'S SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>NOV</th><th>DEC</th><th>JAN</th></tr>
<tr><td rowspan="2">Assessment Of Children At Risk Or In Need</td><td>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.</td><td>% = % compliance

(n) = number of assessments completed

[n] = number completed within 10 working days</td><td>26%

(131)

[34]</td><td>35.9%

(117)

[42]</td><td>27%

(96)

[26]</td><td></td></tr>
<tr><td>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.</td><td>% = % compliance

(n) = number allocated

[n] = number allocated within 30 working days.</td><td>71.4%

(28)

[20]</td><td>89.2%

(37)

[33]</td><td>54.7%

(75)

[41]</td><td></td></tr>
<tr><td rowspan="2">Autism</td><td>No child to wait more than 13 weeks for assessment following referral.</td><td>At 31st January 2016, 119 children were on the waiting list specifically for diagnostic assessment for ASD.

30 children waiting > 13 wks (longest wait 226 days)

% = compliance

(n) = breaches</td><td>63.4%

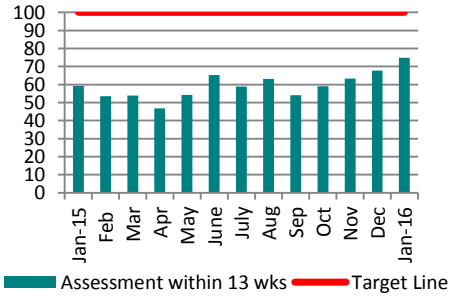
< 13 wks

(48)</td><td>67.7%

< 13 wks

(43)</td><td>74.8%

< 13 wks

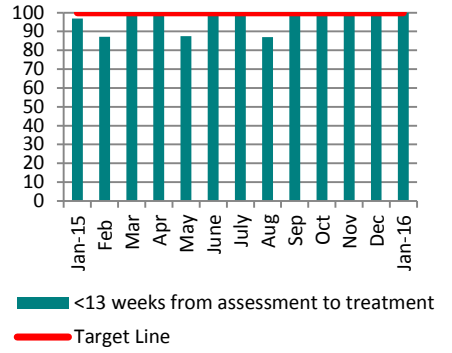
(30)</td><td> 
</td></tr>
<tr><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>31st January 2016 - total waiters:-

<table><tr><td>0 – 4 wks</td><td>20</td></tr><tr><td>>4 – 8 wks</td><td>0</td></tr><tr><td>>8 – 13 wks</td><td>9</td></tr><tr><td>> 13 wks</td><td>0</td></tr><tr><td>Total</td><td>31</td></tr></table>
Longest wait = 73 days

% = compliance (n) = breaches</td><td>100%

(0)</td><td>100%

(0)</td><td>100%

(0)</td><td> 
</td></tr>
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CHILDREN'S SERVICES

<table>
<tr><th>TITLE</th><th>TARGET</th><th>NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th></th><th></th><th></th><th>NOV</th><th>DEC</th><th>JAN</th><th></th></tr>
<tr>
<td>Unallocated Cases</td>
<td>Monitor the number of unallocated cases in Children's Services</td>
<td>n = unallocated over 20 days
(n) = total awaiting allocation at 31st Jan 2016
<table>
<tr><th>Gateway</th><th>Disability</th><th>FIT</th><th>TOTAL</th></tr>
<tr><td>30</td><td>0</td><td>125</td><td>155</td></tr>
</table>
</td>
<td>139
(215)</td>
<td>153
(250)</td>
<td>155
(287)</td>
<td>
<table>
<tr><th></th><th>Gate way</th><th>Disa bility</th><th>FIT</th><th>Total</th></tr>
<tr><td>< 1 wk</td><td>33</td><td>0</td><td>7</td><td>40</td></tr>
<tr><td>1-4 wks</td><td>65</td><td>4</td><td>23</td><td>92</td></tr>
<tr><td>4-8 wks</td><td>19</td><td>0</td><td>34</td><td>53</td></tr>
<tr><td>> 8 wks</td><td>11</td><td>0</td><td>91</td><td>10</td></tr>
<tr><td>Total</td><td>128</td><td>4</td><td>155</td><td>287</td></tr>
</table>
</td>
</tr>
</table>

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS Q1	PROGRESS Q2	PROGRESS Q3	PROGRESS Q4	TREND
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: 275 individuals enrolled in the service by March 2016	62	43 (Cum 105)	41 (cum 146)		
		Target: 60% Quit rate at 4 weeks n = number quit at 4 wks % = Quit rate	43 69.4%	31 72.1%	**18** **43.9%**		
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: 88 individuals enrolled in the service. n = number enrolled	16	15 (cum 31)	28 (cum 59)		
		Target: 60% Quit rate at 4 weeks (n) = number enrolled n = number quit at 4 wks % = Quit rate	10 62.5%	12 80%	23 82%		

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500	525	518	502		
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	10 (cum 10)	25 (cum 35)	30 (cum 65)		

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="4">PROGRESS</th><th rowspan="2">TREND</th></tr>
<tr><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Absenteeism</td><td>Improve sick absence rates by 2.5% on 2014/15 levels</td><td>2014/15 = 6.67%

15/16 Target = 6.5%</td><td>4.97% (cum)</td><td>6.49% (cum)</td><td>6.64% (cum)</td><td></td><td></td></tr>
<tr><td rowspan="2">Investors In People</td><td rowspan="2">By March 2016 100% of Hospital Services and 75% of Adult Services to maintain IiP accreditation using an internal review approach.</td><td rowspan="2">Trust wide accreditation maintained using Internal Review approach 2014/17. A rolling programme is in place and endorsed by EMT. Corporate Directorates successfully achieved post recognition review January 2015.</td><td>Hospital
100%</td><td>Hospital
100%</td><td>Hospital
100%</td><td></td><td rowspan="2"></td></tr>
<tr><td>Adults
0%</td><td>Adults
0%</td><td>Adults
75%</td><td></td></tr>
<tr><td>Induction</td><td>By March 2016, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.</td><td>A blended approach is used for Corporate Induction which means that all new starts must complete an eLearning module and then a classroom session.</td><td>64% (cum)</td><td>71% (cum)</td><td>75% (cum)</td><td></td><td>Q3: 2014-15 = 65%
Q3: 2013-14 = 75%
Q3: 2012-13 = 79%</td></tr>
<tr><td>KSF Appraisal</td><td>Improve take-up in annual appraisal of performance during 2015/16 by 5% on previous year ie 41% by end March 16.</td><td>New recording mechanism allows for breakdown by Directorate and by named managers.
<table><tr><th>Oct</th><th>Nov</th><th>Dec</th></tr><tr><td>19%</td><td>23%</td><td>27%</td></tr></table>(Rolling total Jan 15 – Dec 15 = 43%)</td><td>8% (cum)</td><td>16% (cum)</td><td>27% (cum)</td><td></td><td>Q3: 2014-15 = 26%
Q3: 2013-14 = 25%
Q3: 2012-13 = 22%</td></tr>
</table>

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
KSF Appraisal	By March 2016, 95% of Medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. Their appraisal year runs Jan – Dec.	98%	45%	94%		
E-Learning	To increase the use of e-Learning by 15% for Training by March 2016.	Due to move to new platform Aug/Sept 15 which it is anticipated will increase access and capacity and improve reporting information.	21%	9%	12%		Q3 2014/15 -6%
Equality	To increase levels of ethnic monitoring in CHS, PAS, Soscare, SureStart and NIMATS to 50% by March 2016, supported by information packs and training materials.	Improved data regarding BME service users to include potential gaps. Launch of Guide on Ethnic Monitoring of Service Users in HSC (NI).	45%	50%	75%		The Trust continues to implement Ethnic Monitoring in the following systems: CHS, PAS, Soscare, SureStart and NIMATS. The Trust has been advised by the HSCB that the Guide on Ethnic Monitoring of Service Users has been approved by the HSCB SMT on 8/12/15. The Trust is awaiting further information from the HSCB re the circulation details for the Guide. A further meeting of the Regional Group of which the Trust is a member, is to be convened by the HSCB.
	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%		All Trust policies are Equality Screened and the QSR published on Trust Website

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Recruitment	By March 2016, to improve recruitment times to 25 days from date released from Scrutiny to Final Offer – excluding Access NI & Occupational Health.		33 days	30 days	34 days		Recruitment Team have been under pressure due to anticipated transfer to Shared Services.
Bank	By March 2016 reduce Agency usage within all Corporate Bank Users to 15% and increase Bank usage to 85%.	Q1 15 – Prison Health incorporated June 15, inherited Agency reduced % from 88% in April / May 15 to 81% June 15.	Bank 85.7% Agency 14.3%	Bank 79% Agency 21%	Bank 79% Agency 21%		
	By March 2016 to increase the Users of the Corporate Bank Service by 25%.	Q1 2015 starting point – 98 Units using Corporate Bank.	5.1% Increase in new users	2% Increase in new users	5% Increase in new users		
HRPTS	80% of Trust staff population to be actively using HRPTS on a day to day basis by end of March 2016. (Includes both ESS & MSS usage. Does not refer to Bank and other excluded groups)	20% fall outside ICT infrastructure – approx. 2000 staff. Only 4% of medical staff are using HRPTS due to ongoing difficulties with reporting structures. Work continues to reduce the number of staff with no access.	54%	56%	61%		
	100% of HRPTS users to be using online travel claims by March 2016 (Substantive posts only)	These figures represent the proportion of ESS online claims vs. manual submissions (now available in the monthly Customer Forum Report). It is not yet possible to determine if <u>all</u> staff with HRPTS access are submitting travel online although SS Travel rules include returning paper submissions to claimants they know have system access.	59%	64%	68%		

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
HRPTS	100% of HRPTS users to be accessing payslips online by March 2016 (excludes special provisions for L-Term leave, etc.)	Paper payslips were discontinued for just over 1500 users at the end of November 2015. Further users will be included on a phased basis.	Info not available		20% of users		
Staff Well-Being	To increase the number of staff engaging in the physical activity programmes by 5% year on year.	Baseline 2013/14 = 2411 Target 2014/15 = 2531	632	308 (cum 940)	775 (cum 1715)		Limited classes held in Quarter 2
	To deliver four staff health checks as part the Leap Forward initiative		No data available	No data available	48 members of staff attended		
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31st March 2016	For 2015/16 the organisation is currently forecasting a deficit position which is within break even tolerance levels.					