Paper No: SET/28/16

South Eastern Health and Social Care Trust

Performance Management Framework

Corporate Scorecard

April 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 2015/16,16/17
- 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
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
			JAN	FEB	MAR	
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	**89%**	**97%**	99%	C McElhenny is adding results to gynae dashboard. Surgery have plans to roll out the RA to DPU Trust wide this month we have achieved compliance with the 95% requirement .
		Surgical	**87%**	**94%**	95%	
		Day Procedure Unit	-	**-**	-	
		Women & Child Health	**70%**	**91%**	74%	
		SET (Trustwide)	**88%**	**96%**	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>JAN</th><th>FEB</th><th>MAR</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>
<tr><td>Q3 2015</td><td>6.2</td></tr>
<tr><td>Q4 2015</td><td></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

76%

Part B

80%</td>
<td>Part A

79%

Part B

79%</td>
<td>VALIDATION ERROR - UNABLE TO USE MARCH FIGURES</td>
<td>During January 2016 all wards were visited by S&E Care with individual KPI results.

All Trusts having issues with this bundle especially the urinalysis section.

Audit guidance is being updated regionally re Urinalysis – N/A option to be added as not all patients admitted for elective surgery require urinalysis

.</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>JAN</th><th>FEB</th><th>MAR</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><tr><td>Q3 2015</td><td>0.3</td></tr><tr><td>Q4 2015</td><td></td></tr></table></td><td colspan="3">SKIN Bundle Compliance</td><td rowspan="5">Total Spread = 97%

During January 2016 all wards were visited by S&E Care with individual KPI results.

One element reduces the overall compliance: Is there documented evidence of an individual repositioning schedule?

Plan to relook at the bundle in light of the last regional meeting.

The pressure ulcer KPI was updated April 2016</td></tr>
<tr><td>Medical 79%</td><td>Medical 69%</td><td>VALIDATION ERROR - UNABLE TO USE MARCH FIGURES</td></tr>
<tr><td>Surgical 59%</td><td>Surgical 45%</td><td>VALIDATION ERROR - UNABLE TO USE MARCH FIGURES</td></tr>
<tr><td>W&CH (Neely) 50%</td><td>W&CH (Neely) 50%</td><td>VALIDATION ERROR - UNABLE TO USE MARCH FIGURES</td></tr>
<tr><td>GP Wards 90%</td><td>GP Wards 100%</td><td>VALIDATION ERROR - UNABLE TO USE MARCH FIGURES</td></tr>
</table>

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

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			JAN	FEB	MAR	
Sepsis	HSC Safety Forum will work with Trusts to implement and spread Quality Improvement in the Early Management of Sepsis (eg use of the Sepsis 6) in medical assessment units (or in pilot wards by agreement) by March 2016.	First Workshop took place on 15th October 2014. First Working Group meeting to be arranged for November 2014.	Maternity 81% Ward 12 50%	Maternity 82% Ward 12 13%	Maternity 65% Ward 12 70%	**For compliance with individual elements of Sepsis 6 Bundle see Appendix 2** The Sepsis Bundle is currently being developed and in testing stage only in Ward 12. Compliance with overall bundle would be expected to improve as the testing and development of the screening tools are progressed. Work is in progress with spreading test of the Sepsis6 bundle to MAU.
NEWS	95% compliance with accurately completed NEWS charts.	Medicine	**82%**	**85%**	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	During January 2016 all wards were visited by S&E Care with individual KPI results. **Updated Regional NEWS chart to be launched June 2016, training will support the launch.** NEWS will be incorporated into the deteriorating patient work
		Surgical	**81%**	**75%**	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	
		W&CH	**80%**	**90%**	**VALIDATION ERROR UNABLE TO USE MARCH FIGURES**	
		Community	**80%**	**100%**	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	

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

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			JAN	FEB	MAR	
		SET (Trustwide)	**82%**	**83%**	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	
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	99%	97%	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	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 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	**91%**	**91%**	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	
		W&CH	No Data	100%	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	
		Community (Ards GP Ward)	100%	100%	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	
		SET (Trustwide)	97%	96%	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	
Omitted Meds	100% compliance in 80% of all adult inpatient wards by March 2016	Medicine	**82%**	79%	**VALIDATION ERROR UNABLE TO USE MARCH FIGURES**	Trustwide figure is inclusive of Mental Health Inpatient Wards. November GP Ward data based on 2 charts Omitted meds training awareness
		Surgery	**77%**	91%	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	

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

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			JAN	FEB	MAR	
		W&CH	No Data	No Data	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	completed in Feb 16. The Trustwide level of compliance has improved between January & February
		Community (Ards GP Ward)	**70%**	60%	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	
		SET (Trustwide)	**80%**	82%	**VALIDATION ERROR - UNABLE TO USE MARCH FIGURES**	

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

Compliance with individual elements of the FallSafe Bundle for the Trust (Appendix 1) February 16

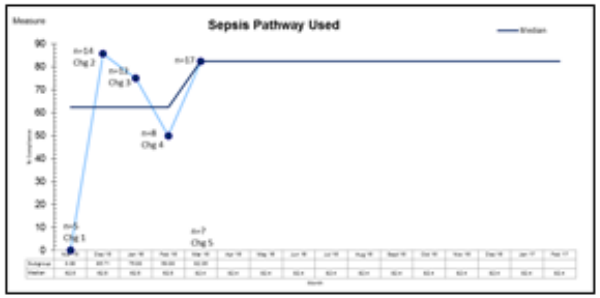
Falls KPI

	Overall Compliance Rate	Part A Compliance Rate	Part B Compliance Rate	Nursing KPI Compliance
Actuals	Yes = 181, No = 99	Yes = 222, No = 58	Yes = 220, No = 60	Yes = 195, No = 85
%	65%	79%	79%	70%

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

Ward 12 Sepsis 6 Dashboard

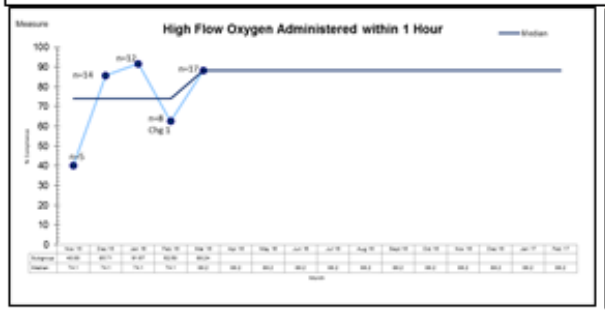
South Eastern Health and Social Care Trust

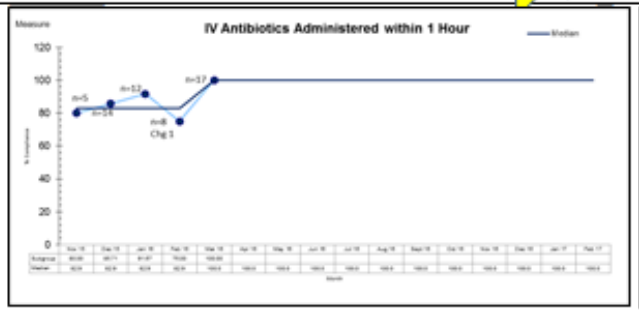


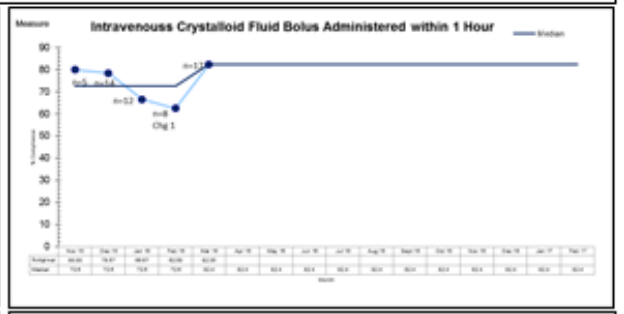
Chg 1	Baseline Data. Staff awareness on pilot ward and H@N
Chg 2	Pathway development & Staff Training
Chg 3	Medical Lead identified. Pathway introduced
Chg 4	Awareness Posters/branding - 'think Sepsis!' displayed on ward
Chg 5	Dashboard displayed on ward

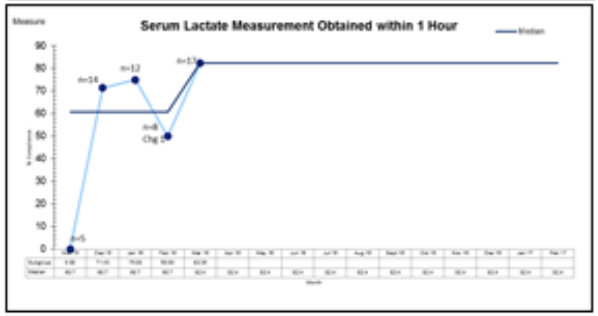
Chg 1. Results shared with Staff at Safety Briefings

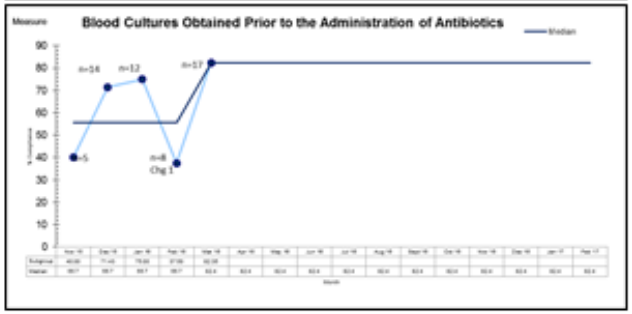
Sepsis6 Elements

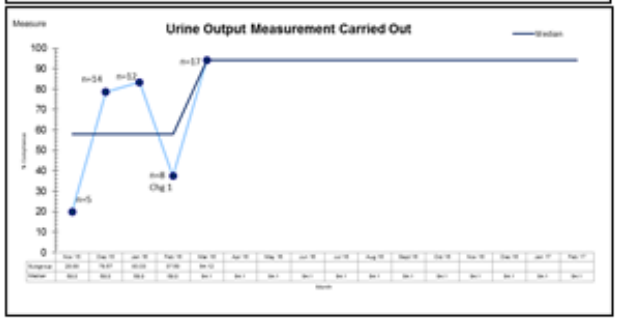










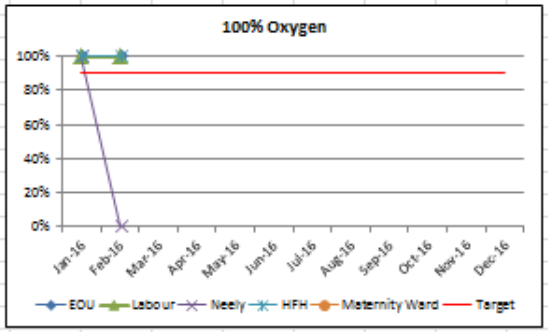


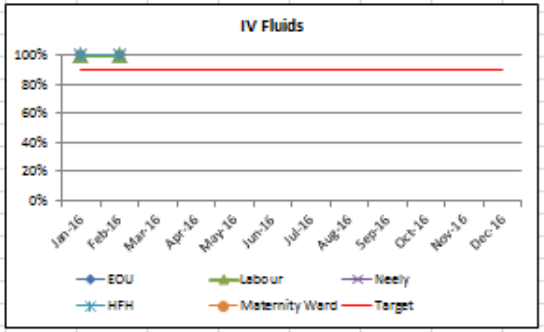
SAFE & EFFECTIVE CARE - All targets reported one month in arrears
December 2015 – Compliance with Sepsis 6 Bundle (Appendix 2) - Maternity

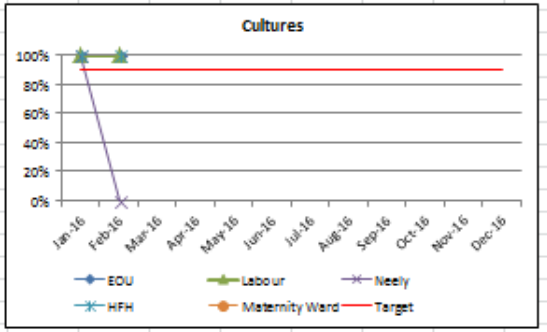
South Eastern Health and Social Care Trust

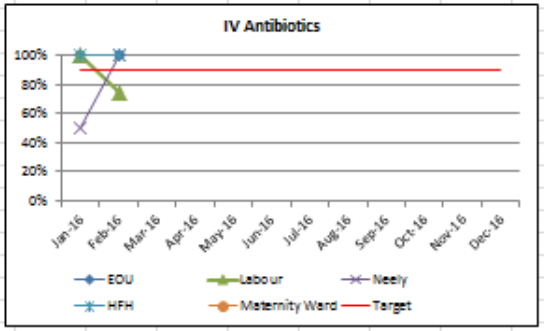
Sepsis Dashboard - Maternity

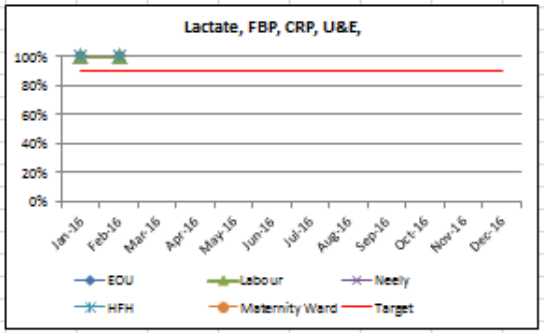
Sepsis 6: Following a diagnosis of Sepsis where all duties address simultaneously within a target time of 1 hour from presentation?

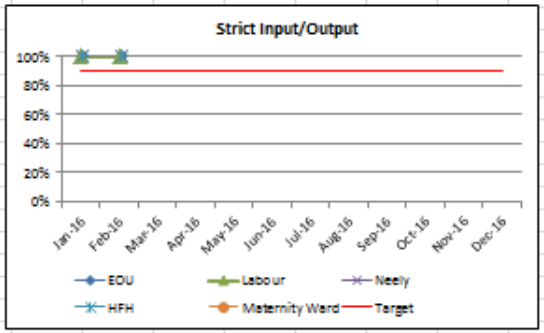


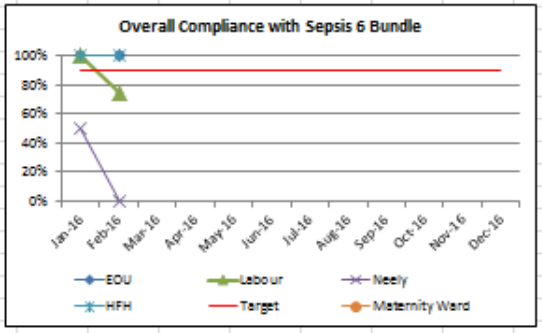












Changes / Interventions

EOU -

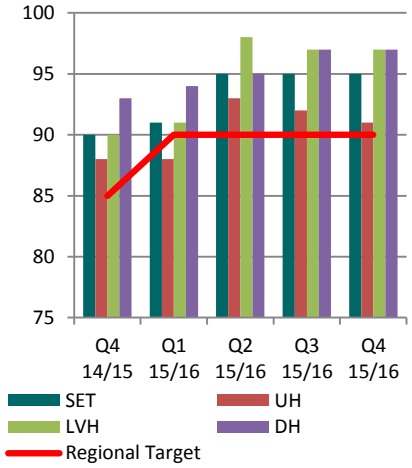
Labour Ward -

Neely Ward -

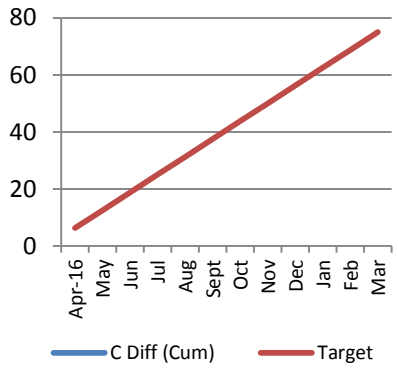
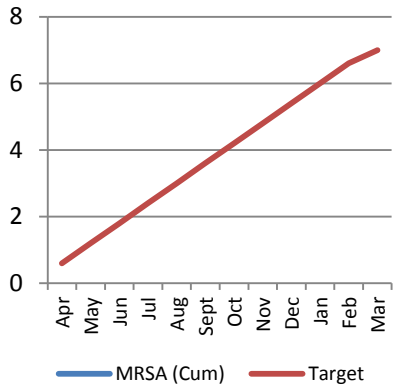
Home from Home -

Maternity Ward -

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	The Policy for The Provision and Management of Cleaning Services issued by the DHSSPS in January 2015 requires Very High Risk and High Risk Scores to be reported for Cleaning and Nursing only. As a consequence of removing estate condition issues, the acceptable level of cleanliness in Departmental Audits which was set at 85% in Cleanliness Matters is increased to 90%. The removal of the Estates Services scores has contributed to the observed increase in overall scores. Overall the Trust continues to meet this higher threshold and continues to exceed its own internal target for all facilities, although individual facilities may on occasions may not meet this target.	SET 90%	SET 91%	SET 95%	SET 95%	SET 95%	
			UH 88%	UH 88%	UH 93%	UH 92%	UH 91%	
			LVH 90%	LVH 91%	LVH 98%	LVH 97%	LVH 97%	
			DH 93%	DH 94%	DH 95%	DH 97%	DH 97%	

SAFE & EFFECTIVE CARE

<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>FEB</th><th>MAR</th><th>APR</th><th></th></tr>
<tr>
<td rowspan="2">HCAI</td>
<td rowspan="2">By March 2017, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16</td>
<td rowspan="2">
<table>
<tr><th></th><th>2015/16 Target</th><th>2016/2017 Target</th></tr>
<tr><td>C Diff</td><td>Target <55</td><td>Target<75</td></tr>
<tr><td>MRSA</td><td>Target <7</td><td>Target<7</td></tr>
</table>
April Figures Subject to Validation
</td>
<td>C Diff
12
(cum 75)</td>
<td>C Diff
11
(cum 86)</td>
<td>C Diff
4</td>
<td> 
</td>
</tr>
<tr>
<td>MRSA
0
(cum 8)</td>
<td>MRSA
1
(cum 9)</td>
<td>MRSA
1</td>
<td> 
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</tr>
</table>

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR
Outpatient waits	Min 50% <9 wks for first appt (was 60% in 16/17)		38.7%	35.8%	36%	32.9%	29.6%	29.2%	28%	28.8%	26.1%	25.8%	30.1%	33.6%	34.9%
	All <52 wks (was 18 wks)		60.4%	59.6%	57.5%	53.7%	51.3%	49%	46.1%	46..3%	43.9%	44.2%	48.3%	51.4%	82.9%
Diagnostic waits	Imaging 75% <9 wks (was all >9wks)		94.6%	95.5%	96%	95.5%	93.9%	94.7%	94.7%	93.4%	92%	87.7%	87.8%	87.8%	82.9%
	Physiological Measurement <9 wks		61.2%	61.7%	61.2%	57.2%	54.7%	52.2%	52.7%	57.7%	57.4%	64.1%	72%	73.9%	71.9%
	Diag Endoscopies	< 9 wks	49.8%	47.9%	45%	42%	38%	37%	39%	42%	39%	37%	36.5%	35%	36%
		< 13 wks	71%	68.4%	71.5%	65.8%	68.7%	67%	68%	71%	66%	68%	69.1%	70.2%	70.8%
Inpatient & Daycase Waits	Min 55% <13 wks (was 65%)		55.5%	54.3%	53.7%	50.7%	47.9%	45.5%	46%	48%	47%	45.5%	49.2%	51.9%	52%
	All <52 wks (was 26 wks)		78.9%	77%	75.4%	72.5%	68.9%	67.4%	66%	66%	65%	63%	67.7%	71.5%	89.5%
Diagnostic Reporting	Urgent tests reported <2 days		97.3%	97.2%	97.2%	95.7%	97.2%	96.1%	96.6%	95%	96%	96.5%	96.6%	96.5%	96.1%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	78.6%	81.6%	81.3%	84.2%	78.9%	81.8%	81.4%	78.6%	79.7%	77.6%	78.5%	78.6%	80.6%
		12hr breaches	149	100	136	23	124	28	106	96	175	212	221	236	171
	UHD	4hr performance	68.2%	73%	72.2%	77.4%	69.3%	74.1%	73.7%	69.3%	71%	68.9%	67.8%	68.5%	71.3%
		12hr breaches	147	100	133	21	123	28	106	93	162	197	219	231	158
	LVH	4hr performance	88.9%	91.8%	88.4%	89.4%	87.5%	85.3%	87.2%	90.5%	89.6%	86.4%	90%	88.7%	92.2%
		12hr breaches	0	0	0	0	0	0	0	0	0	0	0	0	1
	DH	4hr performance	92.3%	91.9%	92.8%	93%	94%	93.6%	91.9%	90.1%	90.7%	89.7%	91.6%	89.9%	89.5%
		12hr breaches	2	0	3	2	1	0	**0**	**3**	13	15	2	0	12
Non Complex discharges	ALL <6hrs		91.4%	91.4%	90.6%	90.8%	90.7%	89.7%	90.8%	91.8%	91.6%	91.6%	89.8%	88.9%	87.2%
Hip Fractures	>95% treated within 47hrs (prev 48 Hours)		71%	85%	81%	68%	86%	83%	57%	64%	83%	94%	85%	81%	84%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis (was 13%)		0%	11.4%	6.5%	8.5%	8.3%	8.1%	0%	9.8%	13.9%	22%	10.3%	10.2%	13.5%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		61%	60%	62%	62%	57%	62%	57%	55%	70%	58%	51%	53%	46%
	All urgent referrals for breast cancer seen within 14 days (n= breaches)		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)	100% (0)	75.5% (44)	31% (118)
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.		95% (5)	93% (7)	96% (5)	96% (5)	97% (3)	93% (8)	100% (0)	97% (4)	97% (4)	96% (5)	92.8% (8)	97.6% (2)	90% (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%	100%	100%	75% (2)	66.6% (3)	42.9% (4)	83.4% (1)	100% (0)	100% (0)	100% (0)	87.5% (1)	90% (1)	66% (3)

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		99.4%	98.2%	99.5%	98.4%	98.5%	95.2%	97.1%	96.8%	95%	98.8%	96.7%	98%	94.9%
	% routine tests reported <28 days (Target formerly 100%)		99.9%	99.9%	99.9%	99.9%	99.1%	99.5%	99.9%	98.6%	99.7%	99.9%	100%	98.3%	99%
% Operations cancelled for non-clinical reasons		SET	1.4%	1.1%	1.1%	1.7%	0.6%	0.6%	0.7%	1.4%	1.9%	2.1%	0.7%	2.1%	1.2%
		UHD	**2.2%**	1.8%	1.7%	1.9%	0.9%	1.2%	1.4%	1.9%	**3.6%**	**3.7%**	1.1%	2.8%	**2.2%**
		AR	1.6%	0%	0.2%	**3.9%**	0.3%	0.2%	0%	0.2%	0.2%	1.1%	0%	0.8%	0.2%
		LVH	0.7%	0.9%	1.1%	0.6%	0%	0.1%	0.3%	1.8%	0.6%	1%	0.9%	1.3%	0.3%
		DH	0.3%	0.5%	0%	0.3%	0.9%	0.4%	0%	0.2%	1.1%	1.2%	0 %	2.8%	1.2%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 31%**	**Cum 18%**	**Cum 19%**	**Cum 23%**	**Cum 25%**	**Cum 23%**	**Cum 21%**	**Cum 21%**	**Cum 22%**	**Cum 23%**	Reported 3 mths in arrears		
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 94.9%	Cum 95.9%	Cum 92.5%	Cum 88.6%	Cum 85.7%	Cum 85.8%	Cum 85.1%	Cum 84.1%	Cum 82.4%	Cum 82.2%	Reported 3 mths in arrears		
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		10912	10996	11106	10844	11097	11116	11282	11009	10422	11726	12408	13669	13152
	Ulster Hospital		7456	7588	7542	7285	7638	7533	7725	7666	7213	7223	7319	7971	7608
	Lagan Valley Hospital		1845	1827	1916	1882	1801	1945	1912	1854	1740	1682	1813	2053	1944
	Downe Hospital (inc w/end minor injuries)		1611	1581	1648	1677	1658	1638	1645	1489	1469	1428	1616	1882	1794
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		10%	9.6%	9.4%	9.9%	9.2%	9.1%	9.3%	9.2%	9.9%	9.5%	9.4%	9.2%	9.4%
	% New O/P appointments cancelled by hospital (Core/WLI) Target <5%		**6.2%**	5.2%	4.3%	**5.4%**	4.5%	**5.5%**	5.1%	3.7%	5.1%	4.2%	4.8%	4.5%	**5.7%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5490	5358	6255	5651	5369	5809	5952	5992	5339	5565	6369	6217	6753
Other Operative Fractures	>95% within 48hrs		**73%**	**80%**	**66%**	**69%**	**86%**	**82%**	**66%**	**60%**	**73%**	**77%**	**82%**	**80%**	**84%**
	100% within 7 days		100%	98.6%	**93.2%**	**92.9%**	98.8%	97%	**90.8%**	**93.2%**	**94.6%**	98.6%	98.5%	96.5%	n/a
Stroke	No of patients admitted with stroke		26	35	31	35	36	37	39	41	36	41	29	28	37
ICATS	Min 60% <9 wks for first appt All <18 wks	Derm	94.3% (13)			96.2% (8)			78.4% (65)			87.4% (51)			83.9% (60)
		Ophth	80.4% (41)			83.2% (57)			80.1% (48)			84.4% (31)			82% (31)

Directorate KPIs and SQE Indicators

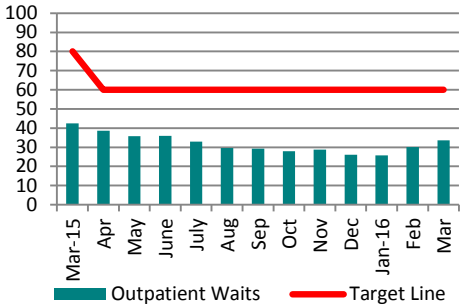
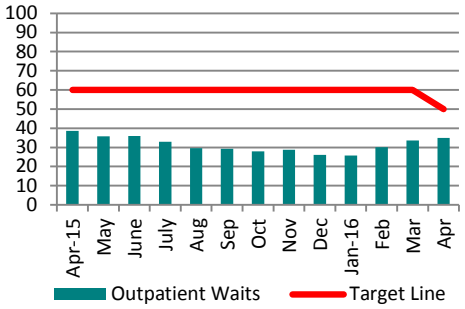
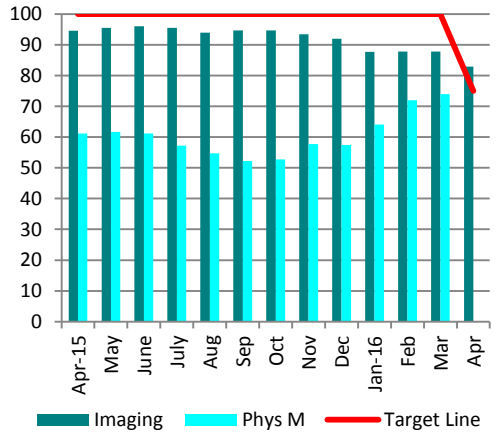
HOSPITAL SERVICES

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.4	6.3	6.4	6.4	5.4	6	6.3	6	5.9	6.1	6.2	6.4		6.7
	Ave LOS trimmed	4.8	4.8	4.8	5.1	4.5	4.8	5	4.7	4.8	4.8	4.8	4.8		4.9
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	12.1	11.6	9.9	11.1	10.8	10.7	9.9	9.8	10.3	12	10.6	10.7		11.2
	Ave LOS trimmed	7.7	7.5	6.9	7	8.2	8.1	7.3	7.9	8	8.1	7.1	7.6		7.1
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	84%	**79.8%**	85.6%	88.8%	80.2%	87.1%	88%	83.4%	84.2%	**77.2%**	**74.7%**	**74.7%**		**81.4%**
	% NEW attendances who left without being seen (Target < 5%)	3.8%	3.5%	3.8%	2.2%	2.9%	2.2%	2.7%	3.1%	2.6%	2.2%	2.6%	3.1%		2.4%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.3%	2.8%	2.8%	2.9%	3.1%	2.9%	2.5%	2.9%	2.3%	2.7%	3.2%	2.9%		2.8%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	43.3%	51.7%	48.5%	50%	46%	50.2%	48.7%	44.8%	54.4%	55.2%	49.8%	52%		55.9%

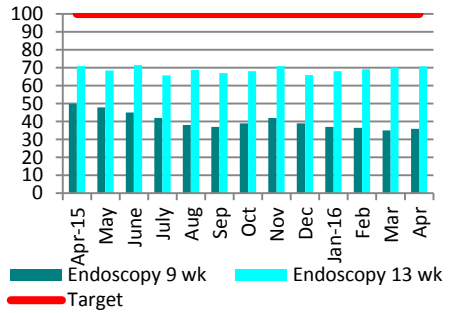
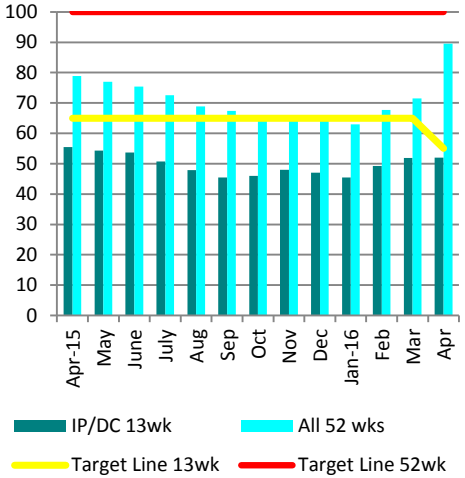
Hospital Services – Corporate Issues

Service Area	Indicator	MAR 15		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR
Complaints	How many complaints were received this month?	46		35	29	35	33	34	28	28	27	26	22	38	39
	What % were responded to within the 20 day target? (target 65%)	**52%**		**46%**	59%	69%	67%	**35%**	**50%**	**46%**	56%	**46%**	**45%**	**45%**	**54%**
	How many were outside the 20 day target?	22		19	12	11	11	22	14	15	12	14	12	21	18
Freedom of Information Requests	How many FOI requests were received this month?	5		4	1	6	4	2	4	5	2	1	3	4	4
	What % were responded to within the 20 day target? (target 100%)	**60%**		**75%**	**0%**	**67%**	**100%**	**50%**	**50%**	**40%**	**50%**	**100%**	**33%**	**100%**	**75%**
	How many were outside the 20 day target?	2		1	1	2	0	1	2	3	1	0	2	0	1

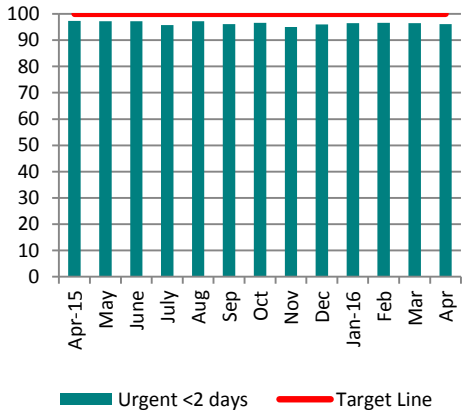
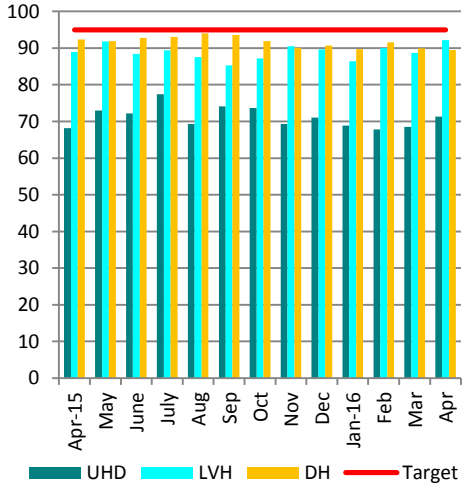
HOSPITAL SERVICES

ITLE	TARGET	NARRATIVE	PERFORMANCE FEB	PERFORMANCE MAR	PERFORMANCE APR	TREND
Outpatient Waits	**Previous Target:** From April 2015, at least 60% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 18 weeks.	% = 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)	**30.1%** **[46017]** **(32182)** **{23787}**	**33.6%** **[43508]** **(28900)** **{21135}**		
	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)			**34.9%** **[42243]** **(27515)** **{4026}**	
Diagnostic waits	By March 2017 75% of patients should wait longer than 9 weeks for a diagnostic test with no-one to wait more than 26 weeks **(Previously no patient should wait longer than 9 weeks)**	**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.*	**87.8%** **[5564]** **(677)**	**87.8%** **[5845]** **(712)**	82.9% [6123] (1045) {27}	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**72%** **(923)**	**73.9%** **(858)**	**71.9%** **(987)** **{48}**	

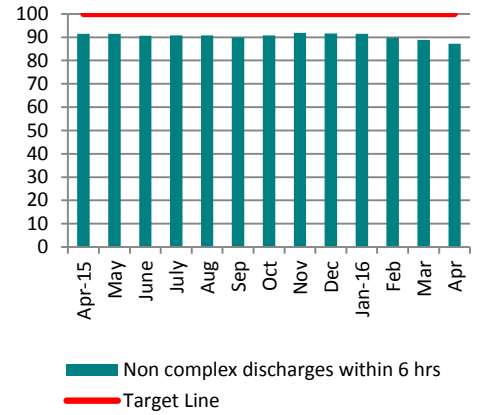
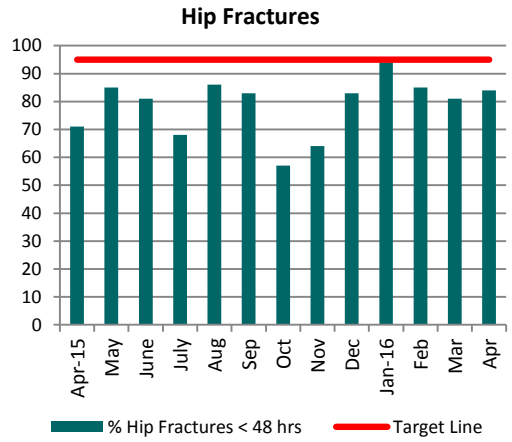
HOSPITAL SERVICES

ITLE	TARGET	NARRATIVE	PERFORMANCE FEB	PERFORMANCE MAR	PERFORMANCE APR	TREND
	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)	**36.5%** **[3358]** **(2134)**	**35%** **[3385]** **(2200)**	**36%** **[3387]** **(2168)**	
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	**69.1%** **[654]** **(202)**	**70.2%** **[712]** **(212)**	**70.8%** **[774]** **(226)**	
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	**49.2%** **(4718)**	**51.9%** **(4443)**	**52%** **(4495)**	
		All Specialities – 26 wk target (from april 2015) % = % waiting < 26 weeks (n) = breaches (26 weeks)	**67.7%** **(3000)**	**71.5%** **(2634)**		
		All Specialties – 52 wk target (from April 2016) % = % waiting < 52 weeks (n) = breaches (52 wks)			**89.5%** **(985)**	

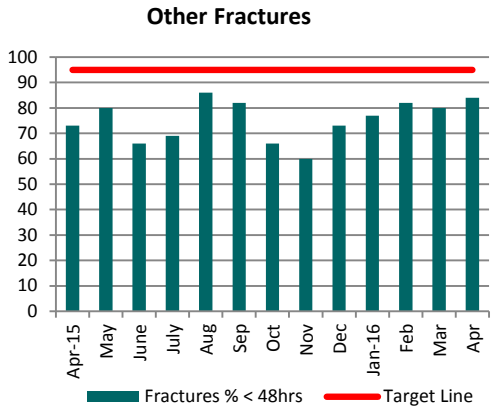
HOSPITAL SERVICES

ITLE	TARGET	NARRATIVE	PERFORMANCE FEB	PERFORMANCE MAR	PERFORMANCE APR	TREND
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In April 2016, 1525 total urgent tests reported, 1465 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	96.6% (49) [1455]	96.5% (52) [1483]	96.1% (60) [1525]	
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 12408 [9736] 78.5% (221)** **UH 7319 [4964] 67.8% (219)** LVH 1813 [1631] 90% (0) DH 1616 [1481] 91.6% (2)	**SET 13669 [10739] 78.6% (236)** **UH 7971 [5463] 68.5% (231)** **LVH 2053 [1821] 88.7% (0)** **DH 1882 [1692] 89.9% (5)**	**SET 13152 [10629] 80.6% (171)** **UH 7608 [5425] 71.3% (158)** **LVH 1944 [1793] 92.2% (1)** **DH 1794 [1605] 89.5% (12)**	

HOSPITAL SERVICES

ITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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 Feb was 2585 (263) now 2627 (267) Mar was 88.9% 2931 (324) now 89% 2937 (323)	**89.8%** **2627** **(267)**	**89%** **2937** **(323)**	**87.2%** **2904** **(373)**	
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	**85%** **39** **(33)** **[6]**	**81%** **37** **(30)** **[7]**	**84%** **37** **(31)** **[6]**	

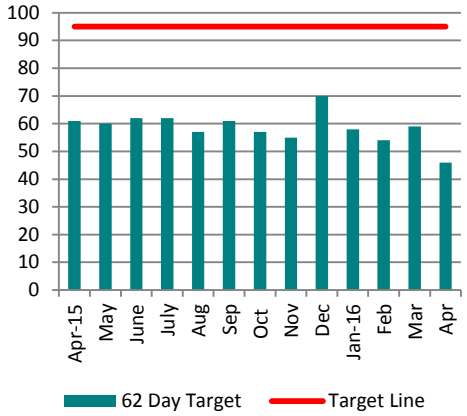
HOSPITAL SERVICES

ITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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	**82%** **68** **(56)** **[12]** **{1}**	**80%** **85** **(68)** **[17]** **{3}**	**84%** **75** **(63)** **[12]** **{}**	
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	10.3% 3 (29)	10.2% 3 (28)	13.5% 5 (37)	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.

HOSPITAL SERVICES

ITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Card Before You Leave	Ensure that all adults and children who self-harm and present for assessment at ED are offered a follow-up appointment with appropriate mental health services within 24 hours.	There were 59 SET CBYL referrals received during April 2016. All were offered appointments within 24 hours. There were also 19 out of Trust patients who attended the Ulster Hospital ED – all were passed on to the relevant Trust's CBYL Service. 21 DNA/CNA or declined services 2 open to CMHT and followed up by keyworker 1 lack of engagement closure in agreement with GP 2 attended further arranged appts % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (61) [0]	100% (68) [0]	100% (59) [0]	

HOSPITAL SERVICES

ITLE	TARGET	NARRATIVE	PERFORMANCE FEB	PERFORMANCE MAR	PERFORMANCE APR	TREND
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 April 2016, 54.5 patients were seen. There were 30 breaches involving 36 patients, of whom 12 were shared. Revisions post patient pathway confirmation and pathology validation:- Feb was 51%, 64 (31.5) now 54%, 64 (29.5) Mar was 53% 44.5 (21) now 59%, 58 (23.5)	54% 64 (29.5)	59% 58 (23.5)	46% 54.5 (29.5)	
	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days n = number of referrals (n) = breaches	100% 154 (0)	75.5% 180 (44)	31% 171 (118)	
	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	92.2% (10)	97.6% (2)	90.0% (10)	

HOSPITAL SERVICES

ITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches	100% (9) [0]	100% (11) [0]	100% (13) [0]	
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches	87.5% (8) [1]	90% (10) [1]	66% (9) [3]	

PRIMARY CARE AND OLDER PEOPLE SERVICES

ADULT SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Allied Health Professions waits	All < 13 weeks	97.4%	96.7%	96.4%	96.6%	97%	96.5%	96.6%	96.9%	95.7%	95.7%	96.8%	97.9%		97.3%
Complex Discharges	Min. 90% <48hrs (SET TOR)	**71.1%**	**74.1%**	**75%**	**75.3%**	**76.1%**	**74.5%**	**76.2%**	**74%**	**79.2%**	**78.6%**	**77.5%**	**67.2%**		**60.6%**
	Min. 90% <48hrs (All in SET beds)	**73.4%**	**74.9%**	**76.9%**	**77.5%**	**79%**	**73.9%**	**76.7%**	**76.2%**	**78.6%**	**75.2%**	**72.1%**	**60.8%**		**48.7%**
		382	**432**	**385**	**447**	**405**	**442**	**480**	**462**	**452**	**653**	**462**	**316**		**302**
	ALL <7days	**90.9%**	**91.9%**	**90.9%**	**92.3%**	**93%**	**90%**	**92.2%**	**93.7%**	**92.8%**	**93.9%**	**91.7%**	**84.3%**		**84.1%**
GP Out Of Hours	% of urgent calls given an appointment or triage completed within 20 minutes	Reporting to begin April 2016													**84%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**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)**	**65.2% (154)**	**78.3% (88)**		**76.4% (90)**
Unplanned admissions	Reduce by 5% for adults with specified long term conditions. Target for 16/17 = TBC	Q1 201 (cum 201)			Q2 530 (cum 731)			Q3 600 (cum 1130)			Reported quarterly in arrears				
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 541, Target = 595 and is shared with Adult Services)	474	484	497	506	521	522	523	530	538	536	539	541		544

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Assess and Treat Older People	All assessments completed <5 wks		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%
	Main components of care needs met <8 weeks		100%	100%	100%	100%	100%	100%	100%	95.2 (2)	100%	100%	98% (1)	100%		100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs) (n) = breaches		**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)	95% (3)	94.7% (2)		91.3% (4)
Orthopaedic ICATS	By March 2017, at least 50% (prev. 60%)of patients to wait no longer than nine weeks for their	>9 wks	**1st Quarter 64.3% (585)**			**2nd Quarter 56.7% (648)**			**3rd Quarter 70.1% (330)**			**69.8% (248)**	**81.9% (115)**	**95.1% (15)**		**89.7% (8)**

ADULT SERVICES

	first outpatient appointment with no-one to wait longer than 52 weeks (prev 18 wks). (n) = breaches	>52wks	**1st Quarter 94.1% (97)**	**2nd Quarter 93.2% (102)**	**3rd Quarter 96.6% (38)**	**98.3% (14)**	**99.5% (3)**	**99.3% (2)**		**100% (0)**

Directorate KPIs & SQE Indicators

Service Area	Indicator		APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR	APR
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%	50%	49%	43%
	20% increase in number of staff using E-NISAT. Baseline = 140 Target = 168 / mth		**147**	**142**	**150**	**154**	**138**	**135**	**135**	**148**	**118**	**130**	**149**	**138**	**142**
	10% increase in number of Carers Assessments offered Baseline = 857 Target = 942		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)	79 (cum 782)	75 (cum 857)	74
	By March 2017, secure a 10% increase in the number of direct payments (March 16 figure = 71)		71	71	74	72	77	75	73	72	73	70	69	71	**75**
	District Nursing Caseload Allocation Compliance No more than 50 unactioned in each locality **April figures taken at 3pm on 6th May 2016**	North Down	**Reporting to commence in October**						20	1	6	0	0	0	3
		Ards							11	0	17	0	0	0	0
		Down							**55**	2	3	0	0	0	0
		Lisburn							8	2	2	0	0	2	0

ADULT SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	MAR 15		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR
Complaints Handling	How many complaints were received this month?	9		12	11	13	13	15	10	12	16	11	14	20	18
	What % were responded to within the 20 day target? (target 65%)	**33%**		58%	**45%**	62%	**54%**	67%	**50%**	58%	63%	73%	71%	**55%**	72%
	How many were outside the 20 day target?	6		5	6	5	6	5	5	5	6	3	4	9	5
Freedom of Information Requests	How many FOI requests were received this month?	2		0	3	0	1	1	1	3	2	0	1	0	3
	What % were responded to within the 20 day target? (target 100%)	100%		n/a	**33%**	n/a	**0%**	100%	100%	**67%**	**50%**	**n/a**	**0%**	**n/a**	**100%**
	How many were outside the 20 day target?	0		0	2	0	1	0	0	1	1	0	1	0	0

ADULT 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>FEB</th><th>MAR</th><th>APR</th></tr>
<tr><td>AHP Waits</td><td>No patient to wait longer than 13 weeks from referral to commencement of treatment</td><td>At 30th April 2016 of 8698patients on the AHP waiting list, 233 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>4336</td><td>28</td><td>99.4%</td></tr>
<tr><td>OT</td><td>1247</td><td>45</td><td>96.4%</td></tr>
<tr><td>Orthoptics</td><td>230</td><td>1</td><td>99.6%</td></tr>
<tr><td>Podiatry</td><td>1013</td><td>1</td><td>99.9%</td></tr>
<tr><td>S&LT</td><td>845</td><td>64</td><td>92.4%</td></tr>
<tr><td>Dietetics</td><td>1027</td><td>94</td><td>90.8%</td></tr>
</table>
[n] = total waiting

(n) = breaches</td><td>96.8%

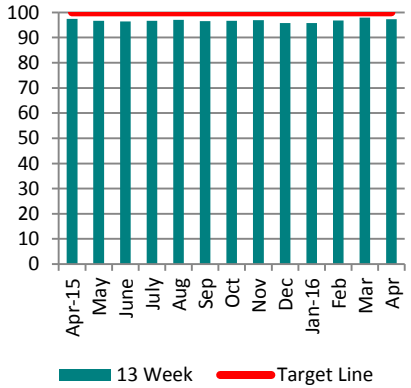
[8132]

(262)</td><td>97.9%

[8688]

(185)</td><td>97.3%

[8698]

(233)</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 any acute bed across NI. (Source: HSCB Web Portal).

(n) = 48 hr breaches

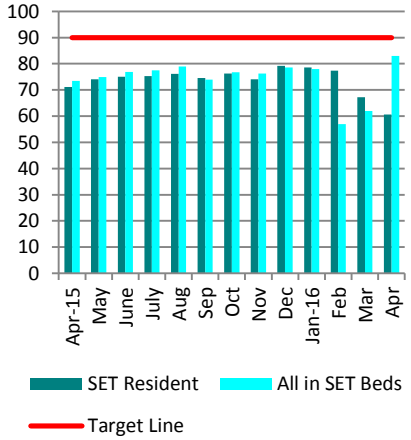
Revisions post validation:-

Feb was 77.6% (57) now 77.5 (56)

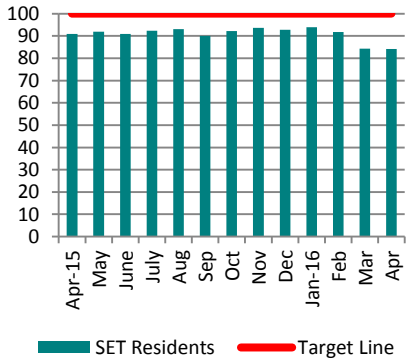
SET Key reasons:-
• No Domiciliary Care Package
• Patient / Family resistance</td><td>77.5%

(56)</td><td>67.2%

(62)</td><td>60.6%

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

ADULT SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients (any trust of Residence) in SET beds. (n) = complex discharges. Revisions post validation:- There were also corresponding changes in the Trust of residence figures.	**72%** **(461)** **>48 hrs By Trust of res** **SET 69** **BT 57** **ST 3** **NT 4**	**60.8%** **(316)** **>48 hrs By Trust of res** **SET 71** **BT 49** **ST 1** **NT 3**	**48.7%** **(302)** **>48 hrs By Trust of res** **SET 97** **BT 53** **ST 2** **NT 1** **NA 1**	Reported numbers of complex discharges have decreased as the Trust strives to adhere more closely to HSCB guidance.
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.	**91.1%** **461** **(41)** **SET 15** **BT 24** **ST 0** **NT 1** **Unk 1**	**84.5%** **316** **(49)** **SET 20** **BT 27** **ST 1** **NT 1**	**84.1%** **302** **(48)** **SET 21** **BT 24** **ST 2** **NT 1**	

ADULT SERVICES

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

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Direct Payment	By March 2017, secure a 10% increase in number of Direct Payment cases across all programmes of care (March 16 figure = 541 Target = 595 and is shared with Adult Services)		539	541		

ADULT SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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.	For 2015-16, a target of 78,000 patient target days was in place for the South Eastern Trust. MPD = Monitored Patient Days	**TF3 In Month** 5932 MPD 103% **Cum** 70,820 MPD 98.8%	**TF3 In month** 6340 MPD 105% **Cum** 77160 99.3%	**No return**	Telemonitoring for Telehealth shows a 4.6% variance against the monthly target and (0.7%) cumulative i.e. March provision of 6340 days against actual target of 6062 days. **Cumulative Actual MPD 77,160** **Cumulative Target 77,741** No of patients in March benefiting from remote telemonitoring **= 197 patients**
		If there is a shortfall towards the end of the year we will be able to utilise u-tell activity. n = Monitored Patient Days per month Monthly target = 6500 MPD	**Inc U-Tell: In month** 7203 125% **Cum** 78,882 110%	**Inc U-Tell: In month** 7518 124% **Cum** 86400 111%	**No return**	**U-Tell - March** INR – 35 pts x 31 days = 1085 DM – 3pts x 31 days = 93 **Total = 1178 MPD** No new patients Just missed target by 0.1% without U-Tell. Achieved with U-Tell figures
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.	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. February target = 10,097 MPD February Cumulative target = 80,138 MCD = Monitored Care Day	**In Month** 6209 MCDs 69% **Cum** 66,421 MCD 85%	**In Month** 6906 MCDs 69% **Cum** 73,327 MCD 81%	**No return**	Monitoring for Telecare shows 18 referrals in March with 19 installs and 9 de-installs due to deaths or admission to Residential or PNH. The number of patients benefiting from remote telecare monitoring **= 227 clients** (↑ 10 pts on previous month). End of year (19%) of target but an increase from 176 to 227 clients. (We have only funding for about 245/250)

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
GP Out of Hours	% of urgent calls given an appointment or triage completed within 20 minutes	Reporting to begin in April 2016													84%
GP Out of Hours	% of less urgent calls triaged within 1 hour	Reporting to begin in April 2016													71%

ADULT SERVICES

ADULT SERVICES

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

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

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

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

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
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.	**Down 51%**	**Down 73.7%**	**Down 57%**	Down 95%	Down n/a	Down 96%	Down 100%	Down 99%	Down 97%	Down 100%	Down 99%	Down n/a		Down 100%
		Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%		Lisburn 100%
		NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA* 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 97%	NDA 97%	NDA 100%		NDA 98.5 %

ADULT SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	MAR 15		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR
Complaints Handling	How many complaints were received this month?	1		2	1	3	4	10	2	5	2	2	4	5	5
	What % were responded to within the 20 day target? (target 65%)	100%		100%	100%	100%	75%	100%	100%	80%	100%	100%	100%	20%	40%
	How many were outside the 20 day target?	0		0	0	0	1	0	0	1	0	0	0	4	3
Freedom of Information Requests	How many FOI requests were received this month?	3		1	0	1	1	0	1	0	1	1	0	0	1
	What % were responded to within the 20 day target? (target 100%)	**33%**		100%	n/a	**0%**	100%	n/a	**0%**	**n/a**	100%	100%	n/a	n/a	100%
	How many were outside the 20 day target?	2		0	0	1	0	0	1	0	0	0	0	0	0

ADULT SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Waiting Times For Assessment And Treatment	No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services.	% = % compliance (n) = number on waiting list [n] = number waiting > 9 weeks	100% (562) [0]	100% (601) [0]	100% (561) [0]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 59 discharges in April 2016, all were discharged within 7 days	100%	100%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 4 delayed discharges in April 2016 – all pending accommodation and this is now being monitored through the Ward Social Workers who report to the Clinical Manager for Mental Health.	2	3	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 43 SET discharges in April 2016 for follow up within 7 days. All were offered appointments within 7 days. 2 DNA Awaiting feedback re 11 others internally and from Southern and Belfast 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	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Discharge	99% <7days of decision to discharge	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%
	All <28 days - no of Breaches	**9**	**9**	**9**	**10**	**10**	**11**	**13**	**12**	**11**	**13**	**13**	**12**		**12**
	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**
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	474	484	497	506	521	522	523	530	538	536	539	540		

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Adult Learning Disability / Adult Disability	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	1 (cum 1)	3 (cum 4)	3 (cum 7)	2 (cum 9)	4 (cum 13)	2 (cum 15)	2 (cum 17)	1 (cum 18)	2 (cum 20)	3 (cum 23)	1 (cum 24)	1 (cum 25)		1
	100% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	100%	100%	98%	97%	100%	100%	96.5%	97%	100%	**94%**	**94%**		**100%**

ADULT SERVICES – DISABILITY SERVICES

		Quarter 4 (14/15)		Quarter 1 (15/16)	Quarter 2 (15/16)	Quarter 3 (15/16)	Quarter 4 (15/16)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 556 Target: 278 (70 per quarter)	4th Quarter 94 (cum total 423)		1st Quarter 105 (cum 105)	2nd Quarter 76 (cum 181)	3rd Quarter 127 (cum 308)	4th Quarter 114 (cum 422)
	Increase provision of alternative to bed based short breaks. Baseline = 14,800 hrs (3,700 / quarter)	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)	4th Quarter 8239.5 (Cum 27645)
	Achieve minimum 88% internal environment cleanliness target.	91%		84%	97%	89%	93%

Adult Services Directorate – Disability Services – Corporate Issues

Service Area	Indicator	MAR 15		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR
Complaints Handling	How many complaints were received this month?	1		0	2	2	2	3	0	1	1	3	1	0	2
	What % were responded to within the 20 day target? (target 65%)	100%		n/a	100%	100%	100%	100%	n/a	100%	100%	100%	0%	**n/a**	**50%**
	How many were outside the 20 day target?	0		0	0	0	0	0	0	0	0	0	1	0	1
Freedom of Information Requests	How many FOI requests were received this month?	0		1	1	0	0	2	0	1	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a		0%	0%	n/a	n/a	50%	n/a	0%	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0		1	1	0	0	1	0	1	0	0	0	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>FEB</th><th>MAR</th><th>APR</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 April.</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 12 people awaiting discharge, all of whom have been waiting for more than 28 days. This is an improvement on the total of 14 delayed discharges last month.

n = number awaiting discharge
(n) = breaches</td><td>14

(13)</td><td>12

(12)</td><td>12

(12)</td><td>Muckamore:-
<table><tr><th>Delay in days</th><th>Feb</th><th>Mar</th><th>Apr</th></tr><tr><td>0-7</td><td>0</td><td>0</td><td>0</td></tr><tr><td>8-28</td><td>1</td><td>0</td><td>0</td></tr><tr><td>29-90</td><td>3</td><td>1</td><td>1</td></tr><tr><td>91-365</td><td>5</td><td>5</td><td>5</td></tr><tr><td>>365</td><td>5</td><td>6</td><td>6</td></tr><tr><td>Total</td><td>14</td><td>12</td><td>12</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>Three patients remain to be resettled.</td><td>3 people remain to be resettled (one person is receiving active treatment)</td><td>3 people remain to be resettled (one person is receiving active treatment)</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	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	100% (0)	99.7% (1)	100% (0)	99.6% (1)	100% (0)	99% (3)	100% (0)	99.7% (1)	99.3% (2)	99.6% (1)		100% (0)
	ALL prisoners to be subject to a "Comprehensive Health Assessment" within 72 hours of committal	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)	98.6% (4)	100% (0)		100% (0)
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.	**91.7%**	**87%**	**89%**	**92.8%**	**93.5%**	**92.9%**	97.4%	**93.9%**	97.8%	96%	**87.1%**	**90%**		**93.5%**
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	100%	100%	**43% (8)**	100%	100%	100%	100%	100%		100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	MAR 15		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR
Complaints Handling	How many complaints were received this month?	6		2	6	5	6	3	4	3	3	6	3	4	5
	What % were responded to within the 20 day target? (target 65%)	0%		0%	0%	0%	17%	33%	0%	0%	0%	17%	0%	0%	20%
	How many were outside the 20 day target?	6		2	6	5	5	2	4	3	3	5	3	4	4
Freedom of Information Requests	How many FOI requests were received this month?	0		0	2	0	0	0	0	1	1	0	0	1	0
	What % were responded to within the 20 day target? (target 100%)	n/a		n/a	0%	n/a	n/a	n/a	n/a	100%	0%	n/a	n/a	0%	n/a
	How many were outside the 20 day target?	0		0	2	0	0	0	0	0	1	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>TREND</th></tr>
<tr><th>FEB</th><th>MAR</th><th>APR</th><th></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>99.3%
289
(2)</td><td>99.6%
245
(1)</td><td>100%
320
(0)</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>Feb</th><th>Mar</th><th>Apr</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>242</td><td>245</td><td>264</td></tr><tr><td>Breaches</td><td>0</td><td>0</td><td>0</td></tr><tr><td rowspan="2">Hydebank*</td><td>Committals</td><td>47</td><td>71</td><td>56</td></tr><tr><td>Breaches</td><td>4</td><td>0</td><td>0</td></tr></table></td><td>98.6%
289
(4)</td><td>100%
316
(0)</td><td>100%
320
(0)</td><td></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%
67
(0)</td><td>100%
77
(0)</td><td>100%
76
(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%
42
(0)</td><td>100%
58
(0)</td><td>100%
72
(0)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Routine Medical Appointments	Following triage by Healthcare staff, where a prisoner is found to require a non-urgent appointment with a doctor this will be accommodated within 14 days.	% = performance n = total appointment requests (n) = breaches	**87.1%** **645** **(83)**	**90%** **739** **[74]**	**93.5%** **727** **[47]**	45 Breaches at Maghaberry, 2 at Hydebank
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	% = Compliance (n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team. [n] = number of prisoners waiting >9wks for appointment	100% (17) [0]	100% (13) [0]	100% (10) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Psychological Therapies waits	All < 13 weeks	**47.2%**	**47.4%**	**51.9%**	**51.8%**	**48.7%**	**41.3%**	**41.4%**	**41.8%**	**42.9%**	**41.8%**	**38.6%**	**46%**		**44.6%**

Adult Services Directorate – Clinical Psychology Services – KPIs

	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Direct Contacts (cum)	2400	1949 (4349)	2151 (6500)	1493 (7993)	1618 (9611)	1985 (11,596)	2200 (13,796)	1986 (15,782)	1527 (17,309)	2117 (19,426)	2204 (21,630)	1878 (23,508)		2129
Consultations (cum)	105	116 (221)	105 (326)	59 (385)	101 (486)	94 (580)	90 (670)	89 (759)	67 (826)	96 (922)	91 (1013)	88 (1101)		68
Supervision - Hours (cum)	127.5	129.5 (257)	141 (398)	85 (483)	92 (575)	122.5 (697.5)	104.5 (802)	102 (904)	93 (997)	138 (1135)	101 (1236)	94.5 (1330.5)		120
Staff training - Hours (cum)	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)	106 (1196.5)	317 (1513.5)		158
Staff training - Participants (cum)	211	319 (530)	310 (840)	165 (1005)	119 (1124)	322 (1446)	273 (1719)	390 (2109)	212 (2321)	337 (2658)	331 (2989)	372 (3361)		394

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	MAR 15		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR
Complaints Handling	How many complaints were received this month?	0		0	1	0	0	0	0	0	0	1	0	1	0
	What % were responded to within the 20 day target? (target 65%)	**n/a**		**n/a**	100%	n/a	n/a	n/a	n/a	n/a	n/a	100%	n/a	0%	n/a
	How many were outside the 20 day target?	0		0	0	0	0	0	0	0	0	0	0	1	0

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance (n) = number on waiting list [n] = number waiting > 13 weeks	**38.6%** **917** **[563]**	**46.0%** **1049** **[566]**	**44.6%** **1126** **[624]**	

Breaches	Feb	Mar	Apr
Adult Mental Health	**312**	**304**	**337**
Older People	**13**	**29**	**29**
Adult Learn Dis	**39**	**35**	**37**
Children's Learn Dis	**14**	**17**	**17**
Adult Health Psych	**182**	**180**	**204**
Children's Psych	**3**	**1**	**0**
Total	**563**	**566**	**624**

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	APR 15	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (4)	100% (7)	**75% (4)**	100% (2)	100% (2)	n/a (0)	100% (2)	100% (3)	100% (2)	100% (1)	100% (2)	100% (2)		100% (2)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	**85.7% (1)**	**83.3% (1)**	**83.3% (1)**	100% (0)	**70% (3)**	**73.3% (4)**	100% (0)	100% (0)	100% (0)	100% (0)	77.8% (2)		100% (0)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	98.6% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	96.6% (3)	100% (0)	100% (0)	100% (0)	100% (0)		100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	98.4% (1)	100%	100%	97.6% (2)	100% (0)	100% (0)	**87.8% (9)**	95.2% (3)	**77.4% (7)**	**85.2% (9)**	**76.3% (18)**	**76.4% (17)**		**100% (0)**
	All Child protection case conference <15 days from receipt (n) = breaches	**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)**	**83.3% (3)**	**82.6% (4)**		**93.8% (2)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	**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)	100% (0)	83.3% (2)		100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	**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)	**89.3% (21)**	**90.3% (17)**		**85.8% (28)**
	All Family support initial assessment completed <10 days of allocation	**37.6%**	**38.7%**	**41.6%**	**33.1%**	**29.9%**	**33.8%**	**26.4%**	**26%**	**35.9%**	**27%**	**29.2%**	**27.6%**		**20%**
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**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)**	**40.3% (46)**	**56.9% (25)**		**34.5% (38)**
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	**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)**	**75% (27)**	**77.5% (18)**		**76.3% (22)**
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	**87.5% (4)**	100% (0)	100% (0)	**87% (6)**	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)		94.5% (4)
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	167	184	211	204	174	165	151	139	153	155	147	179		188

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 16	FEB	MAR		APR
Fostering	Number of Mainstream Foster Carers	297	308	299	300	305	302	310	310	315	321	326	322		323
	Number of children with Independent Foster Carers	15	15	15	18	18	17	18	23	23	21	18	18		18
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	95%	93.2%	95.1%	94.1%	94.6%	91.6%	92%	Reported 6 mths in arrears						
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	Quarter 1 97.7%			Quarter 2 97.8%			Quarter 3 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)	50.1%	50.6%	53.4%	54.6%	**46.2%**	48.1%	52%	50.9%	50.3%	45.1%	48.2%	Reported 2 mths in arrears		
Safeguarding	Total Unallocated Cases at month end	243	279	305	272	249	236	214	215	250	287	259	281		289
	Family Centre Waiting List at month end	31	25	21	23	21	20	15	14	14	4	5	13		14
Care Leavers	At least 75% aged 19 in education, training or employment	75%	**70%**	**70%**	75%	71%	76%	71%	**69%**	72%	76%	76%	77%		75%

Children's Services - Corporate Issues

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

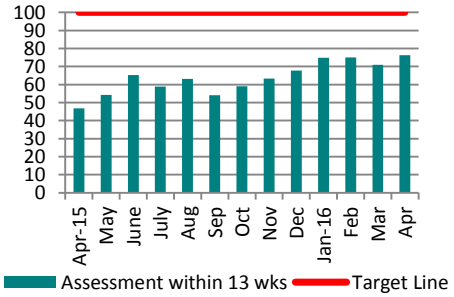
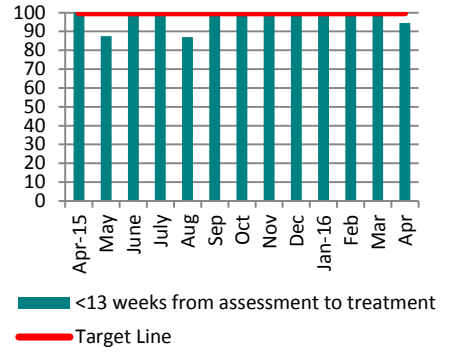
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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 were two children admitted to care during April 2016. Both placements were subject to formal assessment and went through the Children's Resource Panel.	100% (2)	100% (2)	100% (2)	
	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 26 children taken into care during October 2015. Two children were respite / shared care, 5 children were discharged from care. Of the remaining 19 children, 19 had a permanence plan in place at the end of March 2016. % = % compliance n = number of children requiring a plan (n)= number of children without permanence plan within 6 months.	100% 10 (0)	77.8% 9 (2)	100% 19 (0)	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Assessment Of Children At Risk Or In Need	All child protection referrals to be allocated within 24 hours of receipt of referral.	% = compliance (n) = total referrals [n] = number allocated within 24 hrs	100% (78) [78]	100% 82 [82]	100% 77 [77]	
	All child protection referrals to be investigated and an initial assessment completed within 15 working days from the date of the original referral being received.	% = % compliance (n) = number initial assessments completed in month. [n] = number completed within 15 working days of original referral being received.	**76.3%** **(76)** **[58]**	**76.4%** **(72)** **[55]**	**100%** **(71)** **[71]**	
	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	**83.3%** **(18)** **[15]**	**82.6%** **(23)** **[19]**	**93.8%** **(32)** **[30]**	
	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% (15) [15]	**83.3%** **(12)** **[10]**	**100%** **(23)** **[23]**	
	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	**89.3%** **(197)** **[176]**	**90.3%** **(175)** **[158]**	**85.8%** **(297)** **[169]**	

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>FEB</th><th>MAR</th><th>APR</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>29.2%
(144)
[42]</td><td>27.6%
(123)
[34]</td><td>20%
(145)
[29]</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>40.3%
(77)
[31]</td><td>56.9%
(58)
[33]</td><td>34.5%
(58)
[20]</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 30th April 2016, 93 children were on the waiting list specifically for diagnostic assessment for ASD.
22 children waiting > 13 wks (longest wait 156 days)
% = compliance
(n) = breaches</td><td>75%
< 13 wks
(27)</td><td>71%
<13 wks
(18)</td><td>76.3%
<13 wks
(22)</td><td> 
</td></tr>
<tr><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>30th April 2016 - total waiters:-
<table><tr><td>0 – 4 wks</td><td>29</td></tr><tr><td>>4 – 8 wks</td><td>16</td></tr><tr><td>>8 – 13 wks</td><td>24</td></tr><tr><td>> 13 wks</td><td>4</td></tr><tr><td>Total</td><td>73</td></tr></table>Longest wait = 106 days
% = compliance (n) = breaches</td><td>100%
(0)</td><td>100%
(0)</td><td>94.5%
(4)</td><td> 
</td></tr>
</table>

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>FEB</th><th>MAR</th><th>APR</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 30th Apr 2016
<table>
<tr><th>Gateway</th><th>Disability</th><th>FIT</th><th>TOTAL</th></tr>
<tr><td>105
(166)</td><td>0
(0)</td><td>83
(123)</td><td>188
(289)</td></tr>
</table>
</td>
<td>147

(259)</td>
<td>179

(281)</td>
<td>188

(289)</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>18</td><td>0</td><td>7</td><td>25</td></tr>
<tr><td>1-4 wks</td><td>43</td><td>0</td><td>33</td><td>76</td></tr>
<tr><td>4-8 wks</td><td>40</td><td>0</td><td>31</td><td>71</td></tr>
<tr><td>> 8 wks</td><td>65</td><td>0</td><td>52</td><td>117</td></tr>
<tr><td>Total</td><td>166</td><td>0</td><td>123</td><td>289</td></tr>
</table>
</td>
</tr>
</table>

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: 275 individuals enrolled in the service by March 2016	62	43 (cum 105)	76 (cum 181)	129 (cum 310)	
		Target: 60% Quit rate at 4 weeks n = number quit at 4 wks % = Quit rate	43 69.4%	31 72.1%	57 75%	109 84.5%	
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: 88 individuals enrolled in the service. n = number enrolled	16	15 (cum 31)	28 (cum 59)	61 (cum 120)	
		Target: 60% Quit rate at 4 weeks (n) = number enrolled n = number quit at 4 wks % = Quit rate	10 62.5%	12 80%	23 82%	48 78.7%	

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500	525	518	502	524	
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	10 (cum 10)	25 (cum 35)	30 (cum 65)	20 (cum 85)	

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

<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>15/16 Target = 6.5%</td><td>4.97% (cum)</td><td>6.49% (cum)</td><td>6.64% (cum)</td><td>6.72% (cum)</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>Hospital 100%</td><td rowspan="2"></td></tr>
<tr><td>Adults 0%</td><td>Adults 0%</td><td>Adults 75%</td><td>Adults 75%</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>73% (cum)</td><td>Q4: 2014-15 = 66%
Q4: 2013-14 = 79%
Q4: 2012-13 = 79%

Classroom induction attended by 90% of new staff within 3 months of their start date</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>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td>30%</td><td>33%</td><td>42%</td></tr></table>(Rolling total Apr 15 – Mar 16 = 42%)</td><td>8% (cum)</td><td>16% (cum)</td><td>27% (cum)</td><td>42% (cum)</td><td>Q4: 2014-15 = 39%
Q4: 2013-14 = 38%
Q4: 2012-13 = 30%</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%	96%	
E-Learning	To increase the use of e-Learning by 15% for Training by March 2016.	Due to move to new platform Aug/Sept 15 which it is anticipated will increase access and capacity and improve reporting information.	21%	9%	12%	9%	Q4 2014/15 -3%
Equality	To increase levels of ethnic monitoring in CHS, PAS, Soscare, SureStart and NIMATS to 50% by March 2016, supported by information packs and training materials.	Improved data regarding BME service users to include potential gaps. Launch of Guide on Ethnic Monitoring of Service Users in HSC (NI).	45%	50%	75%	100%	The Trust continues to implement Ethnic Monitoring in the following systems : CHS, PAS, Soscare, SureStart and NIMATS. The Guide on Ethnic Monitoring of Service Users has been circulated in the Trust and placed on the Equality and Human Rights Department page on the Trust's Intranet along with existing staff and client resources.
	To ensure that all Trust policies and procedures are screened and reported on a quarterly basis through the intranet.	Policies and Procedures are Equality Screened by author with advice and guidance from Equality Managers. Quarterly Screening Report available on Trust Website.	100%	100%	100%	100%	All Trust policies are Equality Screened and the QSR published on Trust Website

WORKFORCE & EFFICIENCY

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

WORKFORCE & EFFICIENCY

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

WORKFORCE & EFFICIENCY

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