

Performance Management Framework

Corporate Scorecard

February 2017

Contents

Introduction	3
Glossary of Terms	4
SAFE AND EFFECTIVE CARE	Error! Bookmark not defined.
HOSPITAL SERVICES	11
PRIMARY CARE AND OLDER PEOPLE SERVICES	22
ADULT SERVICES	30
Adult Services Directorate – Mental Health Services	31
Adult Services Directorate – Disability Services	35
Adult Services Directorate – Prison Healthcare Services	39
Adult Services Directorate – Psychology Services	43
CHILDREN’S SERVICES	45
HEALTH & WELLBEING	52
WORKFORCE AND EFFICIENCY	55

Introduction

This report presents the monthly performance against a range of targets and indicators for each directorate which are a combination of:

- Commissioning Plan targets and indicators of performance drawn from the Health and Social Care Draft Commissioning Plan 2016/17
- Internally defined directorate Key Performance Indicators (KPIs) including Safety, Quality and Experience (SQE) indicators.

The report is divided into separate sections for each of the directorates. The first few pages give a dashboard of performance;

- Highlight scores against each of the Commissioning Plan targets
- Performance against each of the HSC Indicators of Performance
- Performance against each of the directorate KPIs

This is followed by a detailed breakdown of performance against each of the Commissioning Plan targets with, where appropriate, a 12 month performance trend analysis.

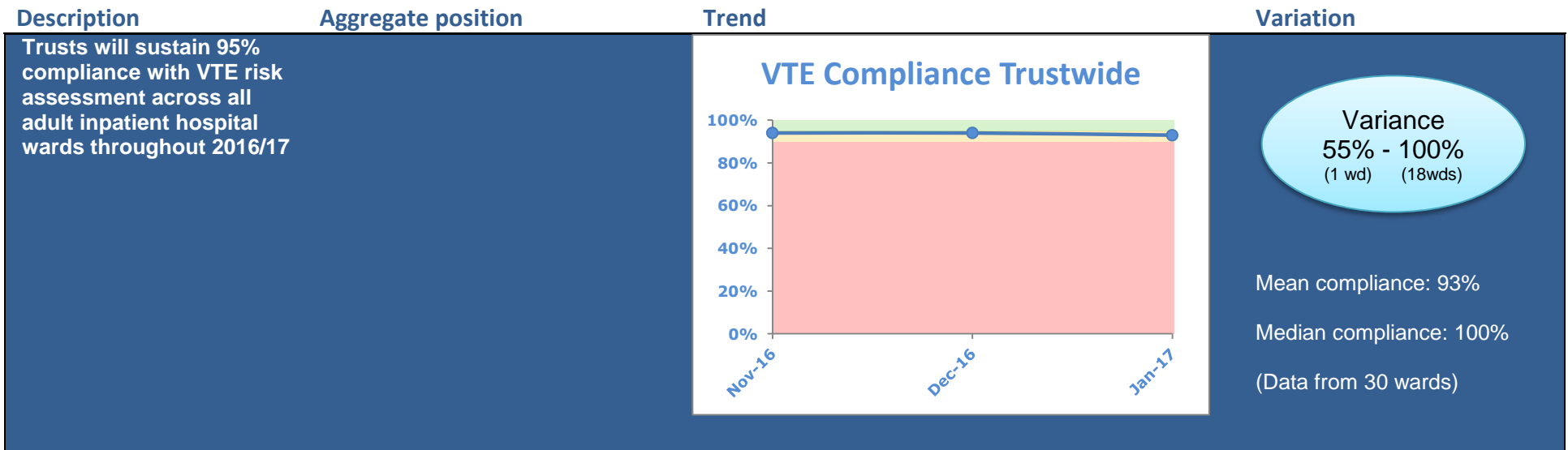
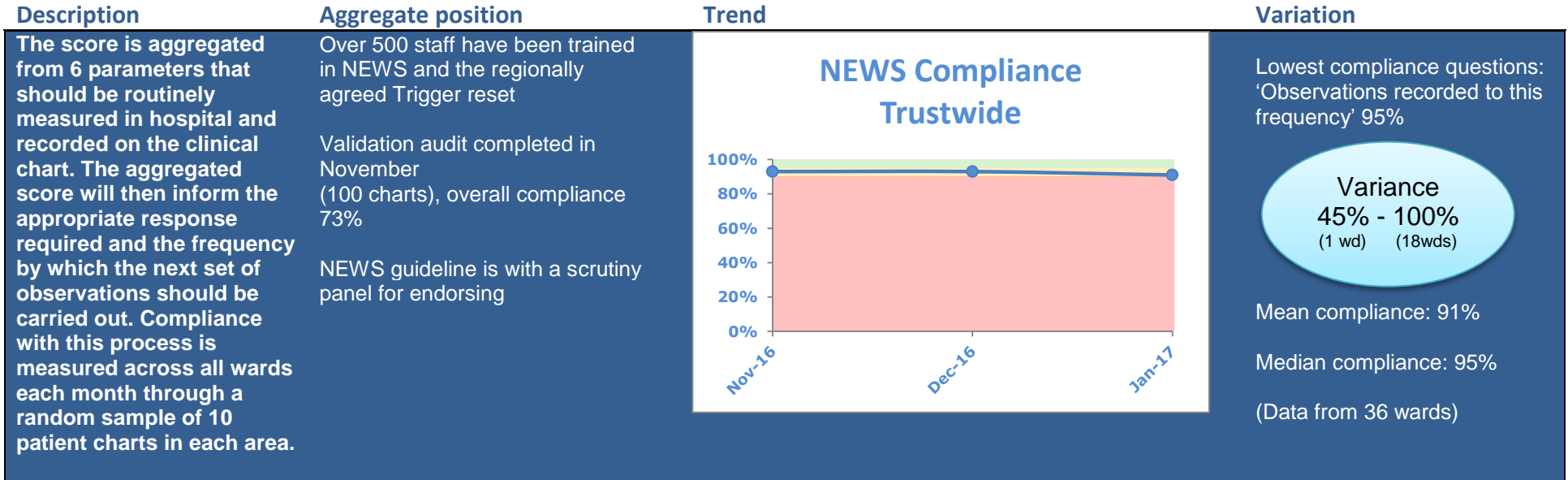
Glossary of Terms

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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 06.03.2017.

SAFE AND EFFECTIVE CARE

February 2017



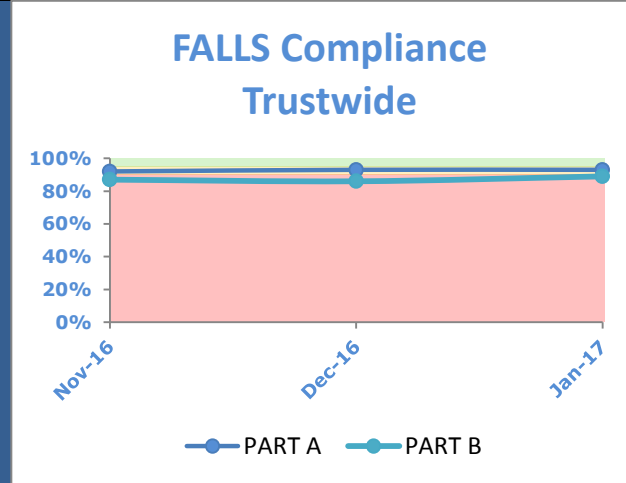
Description

Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and those patients 65+ years and patients aged 50-64 years who are judged to be at higher risk of falling because of an underlying condition in part B.

Aggregate position

For the falls resulting in moderate to severe harm –reduction for 2016-17 (Q 1&2)

Trend



Variation

Lowest compliance question: Part A: 'Urinalysis Performed' 95% Part B: 'Lying & Standing blood pressure recorded?' 93%

Variance
40% - 100%
(1 wd) (13wds)

Mean compliance: 84%

Median compliance: 90%

(Data from 30 wards)

Description

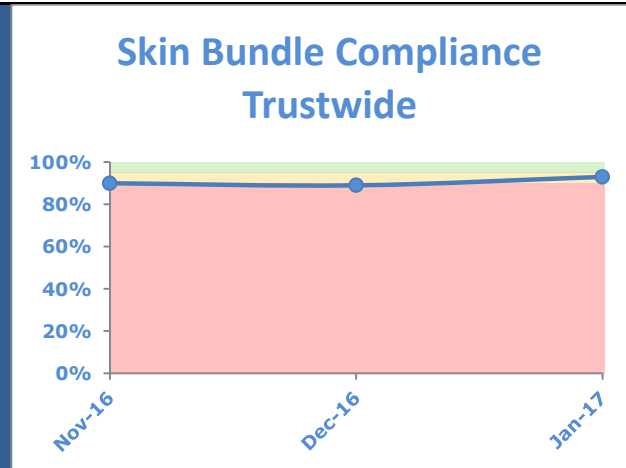
From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were unavoidable

Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days

Aggregate position

SKIN bundle in the process of being updated to address staff feedback.

Trend



Variation

Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 97%

Variance
50% - 100%
(1 wd) (23wds)

Mean compliance: 94%

Median compliance: 100%

(Data from 31 wards)

SAFE & EFFECTIVE CARE

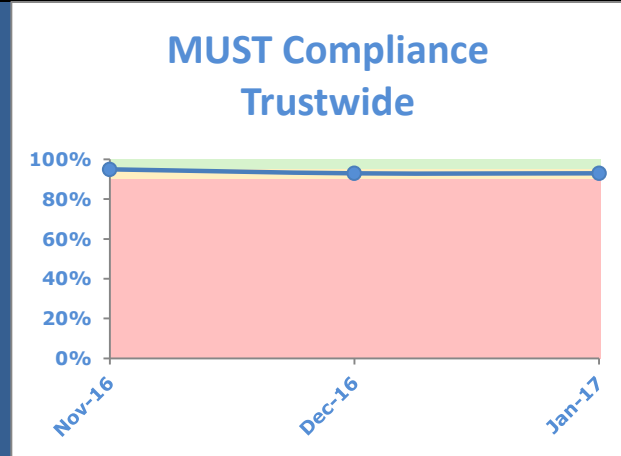
Description

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

Aggregate position

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

Trend



Variation

Lowest compliance question: 'MUST: Monthly' 84%



Mean compliance: 93%

Median compliance: 100%

(Data from 35 wards)

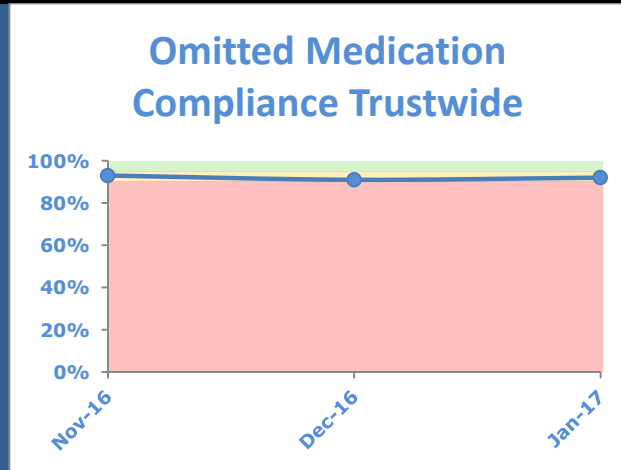
Description

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

Aggregate position

Guidelines issued to staff

Trend



Variation



Mean compliance: 92%

Median compliance: 100%

(Data from 37 wards)

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	The Policy for The Provision and Management of Cleaning Services issued by the DHSSPS in January 2015 requires Very High Risk and High Risk Scores to be reported for Cleaning and Nursing only. As a consequence of removing estate condition issues, the acceptable level of cleanliness in Departmental Audits which was set at 85% in Cleanliness Matters is increased to 90%. The removal of the Estates Services scores has contributed to the observed increase in overall scores. Overall the Trust continues to meet this higher threshold and continues to exceed its own internal target for all facilities, although individual facilities may on occasions not meet this target	SET 95%	SET 95%	SET 92%	SET 95%	SET 96%	<p>100 95 90 85 80 75</p> <p>Q3 15/16 Q4 15/16 Q1 16/17 Q2 16/17 Q3 16/17</p> <p>SET UH LVH DH Regional Target</p>
			UH 92%	UH 91%	UH 87%	UH 91%	UH 93%	
			LVH 97%	LVH 97%	LVH 95%	LVH 95%	LVH 97%	
			DH 97%	DH 97%	DH 95%	DH 95%	DH 97%	

SAFE & EFFECTIVE CARE

TITLE	Target	NARRATIVE	PERFORMANCE			TREND																																																																																																							
			DEC	JAN	FEB																																																																																																								
HCAI	By March 2017, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16	<table border="1"> <thead> <tr> <th></th> <th>2015/16 Target</th> <th>2016/2017 Target</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td>Target <55</td> <td>Target<55</td> </tr> <tr> <td>MRSA</td> <td>Target <7</td> <td>Target<7</td> </tr> </tbody> </table>		2015/16 Target	2016/2017 Target	C Diff	Target <55	Target<55	MRSA	Target <7	Target<7	<table border="1"> <thead> <tr> <th></th> <th>DEC</th> <th>JAN</th> <th>FEB</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td>7 (cum 46)</td> <td>1 (cum 47)</td> <td>4 (cum 51)</td> </tr> </tbody> </table>		DEC	JAN	FEB	C Diff	7 (cum 46)	1 (cum 47)	4 (cum 51)	<table border="1"> <caption>C Diff (Cum) Performance</caption> <thead> <tr> <th>Month</th> <th>Cumulative Cases</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>5</td><td>5</td></tr> <tr><td>May</td><td>10</td><td>10</td></tr> <tr><td>Jun</td><td>15</td><td>15</td></tr> <tr><td>Jul</td><td>20</td><td>20</td></tr> <tr><td>Aug</td><td>25</td><td>25</td></tr> <tr><td>Sept</td><td>30</td><td>30</td></tr> <tr><td>Oct</td><td>35</td><td>35</td></tr> <tr><td>Nov</td><td>40</td><td>40</td></tr> <tr><td>Dec</td><td>45</td><td>45</td></tr> <tr><td>Jan</td><td>50</td><td>50</td></tr> <tr><td>Feb</td><td>55</td><td>55</td></tr> <tr><td>Mar</td><td>60</td><td>55</td></tr> </tbody> </table>	Month	Cumulative Cases	Target	Apr-16	5	5	May	10	10	Jun	15	15	Jul	20	20	Aug	25	25	Sept	30	30	Oct	35	35	Nov	40	40	Dec	45	45	Jan	50	50	Feb	55	55	Mar	60	55	<p>NB: Only one of the 13 MRSA case occurred more than 48 hours after admission.</p> <table border="1"> <thead> <tr> <th></th> <th>DEC</th> <th>JAN</th> <th>FEB</th> </tr> </thead> <tbody> <tr> <td>MRSA</td> <td>2 (cum 13)</td> <td>0 (cum 13)</td> <td>0 (cum 13)</td> </tr> </tbody> </table>		DEC	JAN	FEB	MRSA	2 (cum 13)	0 (cum 13)	0 (cum 13)	<table border="1"> <caption>MRSA (Cum) Performance</caption> <thead> <tr> <th>Month</th> <th>Cumulative Cases</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>1</td><td>1</td></tr> <tr><td>May</td><td>3</td><td>2</td></tr> <tr><td>Jun</td><td>7</td><td>3</td></tr> <tr><td>Jul</td><td>9</td><td>4</td></tr> <tr><td>Aug</td><td>9</td><td>5</td></tr> <tr><td>Sept</td><td>9</td><td>6</td></tr> <tr><td>Oct</td><td>10</td><td>7</td></tr> <tr><td>Nov</td><td>11</td><td>8</td></tr> <tr><td>Dec</td><td>13</td><td>9</td></tr> <tr><td>Jan</td><td>13</td><td>10</td></tr> <tr><td>Feb</td><td>13</td><td>11</td></tr> <tr><td>Mar</td><td>13</td><td>12</td></tr> </tbody> </table>	Month	Cumulative Cases	Target	Apr	1	1	May	3	2	Jun	7	3	Jul	9	4	Aug	9	5	Sept	9	6	Oct	10	7	Nov	11	8	Dec	13	9	Jan	13	10	Feb	13	11	Mar	13	12
			2015/16 Target	2016/2017 Target																																																																																																									
C Diff	Target <55	Target<55																																																																																																											
MRSA	Target <7	Target<7																																																																																																											
	DEC	JAN	FEB																																																																																																										
C Diff	7 (cum 46)	1 (cum 47)	4 (cum 51)																																																																																																										
Month	Cumulative Cases	Target																																																																																																											
Apr-16	5	5																																																																																																											
May	10	10																																																																																																											
Jun	15	15																																																																																																											
Jul	20	20																																																																																																											
Aug	25	25																																																																																																											
Sept	30	30																																																																																																											
Oct	35	35																																																																																																											
Nov	40	40																																																																																																											
Dec	45	45																																																																																																											
Jan	50	50																																																																																																											
Feb	55	55																																																																																																											
Mar	60	55																																																																																																											
	DEC	JAN	FEB																																																																																																										
MRSA	2 (cum 13)	0 (cum 13)	0 (cum 13)																																																																																																										
Month	Cumulative Cases	Target																																																																																																											
Apr	1	1																																																																																																											
May	3	2																																																																																																											
Jun	7	3																																																																																																											
Jul	9	4																																																																																																											
Aug	9	5																																																																																																											
Sept	9	6																																																																																																											
Oct	10	7																																																																																																											
Nov	11	8																																																																																																											
Dec	13	9																																																																																																											
Jan	13	10																																																																																																											
Feb	13	11																																																																																																											
Mar	13	12																																																																																																											

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	
Outpatient waits	Min 50% <9 wks for first appt (was 60% in 15/16)	30.1%	33.6%	34.9%	35.4%	34.2%	31.2%	29.4%	29.5%	28.9%	27.4%	23.8%	23.2%	23.9%	
	All <52 wks (was 18 wks)	48.3%	51.4%	82.9%	91.4%	90.7%	90.0%	89.3%	88.4%	87.6%	86.3%	84.6%	83.6%	82.5%	
Diagnostic waits	Imaging 75% <9 wks (was all >9wks)	87.8%	87.8%	82.9%	83%	83.2%	84.8%	84.2%	83.7%	86.3%	81.7%	74.4%	73.6%	76.3%	
	Physiological Measurement <9 wks	72%	73.9%	71.9%	69.9%	65.3%	56.2%	56.1%	58.4%	58.9%	58.4%	56.2%	61%	65%	
	Diag Endoscopies	< 9 wks	36.5%	35%	36%	36.7%	37.8%	37.8%	35%	34%	39%	50.4%	55%	56%	53%
< 13 wks		69.1%	70.2%	70.8%	71%	70%	65%	64%	64%	66%	66%	61.7%	59%	63%	
Inpatient & Daycase Waits	Min 55% <13 wks (was 65%)	49.2%	51.9%	52%	49.2%	46.5%	45.5%	44%	44%	49%	52%	52.5%	52%	52%	
	All <52 wks (was 26 wks)	67.7%	71.5%	89.5%	88.7%	87.9%	87.3%	88%	88%	90%	90.5%	91%	90%	90%	
Diagnostic Reporting	Urgent tests reported <2 days	96.6%	96.5%	96.1%	95.2%	94.4%	95.5%	94.5%	95%	95.6%	93.3%	94.1%	95.1%	94.2%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	78.5%	78.6%	80.6%	83.6%	82.4%	81.4%	80.2%	82.9%	81.5%	80.0%	74.9%	77.9%	80.3%
		12hr breaches	221	236	171	74	75	86	83	24	52	133	208	393	98
	UHD	4hr performance	67.8%	68.5%	71.3%	75.7%	74.2%	74.3%	71.3%	74.5%	73.4%	72.0%	66.3%	68.8%	72.3%
		12hr breaches	219	231	158	66	63	68	79	22	44	114	177	351	74
	LVH	4hr performance	90%	88.7%	92.2%	90.8%	88.3%	87.6%	87.1%	92.1%	88.8%	88.9%	81.9%	84.5%	86.6%
		12hr breaches	0	0	1	0	0	0	1	0	0	0	0	14	1
	DH	4hr performance	91.6%	89.9%	89.5%	92.4%	92.3%	89.8%	90.4%	90.0%	90.7%	88.6%	85.2%	88.8%	88.8%
		12hr breaches	2	0	12	8	12	18	3	2	8	19	31	28	23
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	Reporting Commenced July 2016		90.0%	91.5%	89.6%	86.0%	89.3%	88.4%	89.3%	88.8%	84.3%	90.3%	91.5%	
Non Complex discharges	ALL <6hrs	89.8%	89%	87.1%	88.1%	87.0%	87.0%	87.2%	86.9%	88.7%	86.1%	87.4%	87.8%	87.4%	
Hip Fractures	>95% treated within 48 Hours	85%	81%	84%	81%	82%	75%	65%	68%	81%	82%	80%	100%	81%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis (was 13%)	10.3%	10.2%	13.5%	13.3%	20.7%	5.8%	9.8%	13%	17.6%	18.9%	3.7%	20.7%	11.5%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	51%	59%	44%	52%	56%	70%	44%	37%	34%	38%	43%	43%	52%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)	100% (0) <14	75.5% (44) 22	31% (118) 23	15.5% (201) 25	27.4% (188) 29	100% (0) 14	97.2% (7) 21	100% (0) 14	100% (0) 14	100% (0) 13	99.5% (1) 16	80.5% (42) 19	95.3% (11) 17	
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis. (n = breaches)	92.8% (8)	98.4% (2)	90% (10)	94.5% (6)	98.5% (2)	94% (7)	95.5% (5)	93.6% (8)	90% (11)	95% (7)	97% (2)	97.3% (3)	96% (4)	
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	87.5% (1)	90% (1)	66% (3)	77.8% (2)	100% (0)	75% (1)	72% (2)	100% (0)	100% (0)	75% (2)	78% (2)	75% (2)	60% (2)	

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	96.7%	98%	94.9%	98.5%	98.5%	95.8%	97.6%	89.6%	92.3%	94.3%	97.2%	97.9%	99.4%	
	% routine tests reported <28 days (Target formerly 100%)	100%	98.3%	99%	99.8%	99.6%	98.9%	98.8%	96.4%	98.4%	95.9%	99.9%	99.6%	99.9%	
% Operations cancelled for non-clinical reasons	LVH was 2.2% – due to surgeon unavailable	SET	0.7%	2.1%	0.8%	0.8%	0.9%	1.5%	1.1%	1.8%	1.3%	1.6%	1.2%	1.6%	1.1%
		UHD	1.1%	2.8%	0.8%	0.8%	0.7%	1.8%	1.8%	2.6%	1.4%	1.5%	1.7%	2.7%	1.7%
		AR	0%	0.8%	1.2%	1.2%	1.3%	0%	0.2%	0.2%	0.4%	2.4%	0.5%	0%	0.3%
		LVH	0.9%	1.3%	0%	0%	0.9%	0.9%	0.9%	2%	2.2%	1.5%	1.4%	0.8%	0.8%
		DH	0%	2.8%	2.1%	2.1%	1.0%	3%	0%	1.2%	0.2%	1.5%	0.2%	1.6%	1%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 23%	Cum 28%	Cum 28%	Cum 39%	Cum 33%	Cum 28%	Cum 26%	Cum 25%	Cum 23%	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 81.7%	Cum 81.7%	Cum 87.1%	Cum 87%	Cum 82%	Cum 80.6%	Cum 79.4%	Cum 79.8%	Cum 79.1%	Cum 79.7%	Reported 3 mths in arrears			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	12408	13669	13152	12041	11795	11296	11783	11770	11731	11177	11230	11180	10278	
	Ulster Hospital	7319	7971	7608	7989	7892	7747	8016	7817	8042	7552	7741	7575	6879	
	Lagan Valley Hospital	1813	2053	1944	2123	2102	1835	1947	2132	2028	1943	1858	1898	1816	
	Downe Hospital (inc w/end minor injuries)	1616	1882	1794	1929	1801	1714	1820	1821	1661	1682	1631	1707	1583	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	9.4%	9.2%	9.4%	9.2%	9.3%	9.8%	9.8%	9.2%	9.2%	10%	10.5%	10.5%		
	By March 2017, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	4.8%	4.5%	3.2%	22.5%	16.0%	18.2%	25.4%	3.4%	20.5%	21.7%	30.2%	25.5%	11.5%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5691	5544	6122	5885	6273	5112	5925	6108	5930	5861	5001	5701	5577	
Other Operative Fractures	>95% within 48hrs	82%	80%	84%	82%	84%	84%	64%	63%	78%	80%	83%	90%	74%	
	100% within 7 days	98.5%	96.5%	98.7%	100%	98.8%	98.8%	90.5%	91.6%	100%	96%	100%	100%	98.6%	
Stroke	No of patients admitted with stroke	29	28	37	30	29	34	41	35	34	37	27	29		
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	87.4% (51)	63.8% (156)	51.6% (203)	54.2% (210)	56% (222)	54.8% (237)	49.6% (266)	39.5% (320)	33.8% (311)	41.6% (305)			
		Ophth	84.4% (31)	84.3% (28)	82.5% (34)	63.6% (99)	85.9% (53)	75.9% (114)	71.8% (168)	55.3% (251)	54.9% (280)	59% (300)			

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.2	6.4	6.7	5.7	6.1	6.1	6.1	5.8	5.3	5.9	6.1	7.1	5.8
	Ave LOS trimmed	4.8	4.8	4.9	4.4	4.8	4.7	4.8	4.7	4.5	4.8	4.9	5.4	4.7
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10.6	10.7	11.2	10.9	9.5	8.7	9.6	9.8	9.6	8.9	10	11.2	12.8
	Ave LOS trimmed	7.1	7.6	7.1	7	7.5	6.8	7	7.2	7.1	6.8	7.5	7.1	7.5
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	74.7%	74.7%	81.4%	86.8%	88%	87.6%	79.8%	84.3%	86.4%	83%	77.6%	79.4%	85.2%
	% NEW attendances who left without being seen (Target < 5%)	2.7%	3.2%	2.5%	2.5%	2.6%	3.1%	3%	2.8%	2.7%	2.5%	3.4%	2.3%	2.1%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	3.2%	2.9%	2.8%	2.9%	3%	2.9%	2.7%	2.8%	2.7%	2.7%	2.2%	2.7%	2.8%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	49.8%	52%	55.9%	59.8%	54.4%	51.7%	57.9%	53.3%	56%	58.3%	49.4%	56.3%	59.3%

Hospital Services – Corporate Issues

Service Area	Indicator	DEC	JAN 16	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN
Complaints	How many complaints were received this month?	26	22	38	36	39	30	40	27	38	39	31	27	23	23
	What % were responded to within the 20 day target? (target 65%)	46%	45%	45%	56%	51%	47%	65%	44%	45%	54%	45%	56%	65%	48%
	How many were outside the 20 day target?	14	12	21	16	19	16	14	15	21	18	17	12	8	12
Freedom of Information Requests	How many FOI requests were received this month?	1	3	4	4	4	3	9	12	8	6	9	10	12	14
	What % were responded to within the 20 day target? (target 100%)	100%	33%	100%	75%	50%	67%	88%	75%	0%	33%	67%	90%	58%	43%
	How many were outside the 20 day target?	0	2	0	1	1	1	1	3	8	4	3	1	5	6

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
Outpatient Waits	From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks.	<p>% = outpatients waiting less than 9 wks as a % of total waiters.</p> <p>[n] = total waiting</p> <p>(n) = waiting > 9 wks</p> <p>{n} = waiting >52 wks (from Apr 16)</p>	23.8%	23.2%	23.9%	
Diagnostic waits	<p>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.</p> <p>(Previously no patient should wait longer than 9 weeks)</p>	<p>Imaging (9 wk target)</p> <p>These figures relate to Imaging waits only.</p> <p>[n] = total waiting (n) = waiting more than 9 weeks {n} = waiting >26 wks (new from Apr 16)</p> <p>Note: most breaches relate to Dexa scans at LVH</p> <p><i>N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.</i></p>	74.4%	73.6%	76.3%	
			<p>Physiological Measurement (9wk)</p> <p>These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.</p>	56.2%	61%	
	<p>No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.</p> <p>No patient should wait longer than 13 weeks for other endoscopies.</p>	<p>Diagnostic Endoscopies Inpatient / Day Case (9 wk target)</p> <p>(this is a subset of the Day-case target reported overleaf)</p> <p>Diagnostic Endoscopies Inpatient / Day Case (13 wk target)</p> <p>[n] = total waiting</p> <p>(n) = breaches</p>	55%	56%	53%	
61.7%			59%	63%		
			(1551)	(1363)	(1205)	
			{343}	{225}	{203}	
			2244	2169	2200	
			1009	963	1043	
			1044	992	912	
			400	408	340	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
Inpatient & Daycase Waits	<p>By March 2017, at least 55% of inpatients and day cases to wait no longer than 13 weeks to be treated and no patient to wait longer than 52 weeks for treatment.</p> <p>(was previously 26 weeks for all patients)</p>	<p>Inpatients / Daycase – 13 wk target</p> <p>% = % waiting < 13 weeks</p> <p>(n) = breaches</p>	<p>52.5%</p> <p>(4151)</p>	<p>52%</p> <p>(4132)</p>	<p>52%</p> <p>(4205)</p>	<p>Legend: IP/DC 13wk, All 52 wks, Target Line 13wk, Target Line 52wk</p>
		<p>All Specialties – 52 wk target (from April 2016)</p> <p>% = % waiting < 52 weeks</p> <p>(n) = breaches (52 wks)</p>	<p>91%</p> <p>(791)</p>	<p>90%</p> <p>(882)</p>	<p>90%</p> <p>(902)</p>	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In February 2017, 1409 total urgent tests reported, 1327 were reported in < 2 days</p> <p>(n) = breaches > 2 days</p> <p>[n] = total urgent tests</p>	<p>94.1%</p> <p>(83)</p> <p>[1409]</p>	<p>95.1%</p> <p>(81)</p> <p>[1409]</p>	<p>94.2%</p> <p>(82)</p> <p>[1409]</p>	<p>Legend: Urgent <2 days, Target Line</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
Emergency Departments	<p>95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.</p> <p>No patient attending any Emergency Department should wait longer than 12 hours.</p>	<p>SET attendances include Ards & Bangor Minor Injury Units not broken down below as not Type 1 Units</p> <p>SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit.</p> <p>n = total new and unplanned review attendances.</p> <p>[n] = seen within 4 hours</p> <p>% = % seen within 4 hours</p> <p>(n) = 12 hour breaches</p>	<p>SET</p> <p>12696 [9505] 74.9% (208)</p>	<p>SET</p> <p>12908 [10055] 77.9% (393)</p>	<p>SET</p> <p>11804 [9480] 80.3% (98)</p>	
			<p>UH</p> <p>7741 [5129] 66.3% (177)</p>	<p>UH</p> <p>7575 [5208] 68.8% (351)</p>	<p>UH</p> <p>6879 [4975] 72.3% (74)</p>	
			<p>LVH</p> <p>1858 [1521] 81.9% (0)</p>	<p>LVH</p> <p>1898 [1603] 84.5% (14)</p>	<p>LVH</p> <p>1816 [1573] 86.6% (1)</p>	
			<p>DH</p> <p>1631 [1389] 85.2% (31)</p>	<p>DH</p> <p>1707 [1516] 88.8% (28)</p>	<p>DH</p> <p>1583 [1406] 88.8% (23)</p>	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	<p>All qualifying patients in SET beds.</p> <p>Main reason for delay is patient awaiting transport from friends, family or ambulance service.</p> <p>n = Non-complex discharges (n) = breaches</p> <p>Dec was 87.4% 2725 (343) now 87.4% 2727 (343) Jan was 87.8% 2763 (338) now 87.9% 2755 (334)</p>	<p>87.4%</p> <p>2727</p> <p>(343)</p>	<p>87.9%</p> <p>2755</p> <p>(334)</p>	<p>87.4%</p> <p>2586</p> <p>(327)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																										
			DEC	JAN	FEB																																											
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>% = % treated within 48 hours.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p>	<p>80%</p> <p>40</p> <p>(32)</p> <p>[8]</p>	<p>100%</p> <p>27</p> <p>(27)</p> <p>[0]</p>	<p>81%</p> <p>31</p> <p>(25)</p> <p>[6]</p>	<p>Hip Fractures</p> <table border="1"> <caption>Hip Fractures Performance Data</caption> <thead> <tr> <th>Month</th> <th>% Hip Fractures < 48 hrs</th> <th>Target Line</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>80%</td><td>95%</td></tr> <tr><td>Mar</td><td>80%</td><td>95%</td></tr> <tr><td>Apr</td><td>82%</td><td>95%</td></tr> <tr><td>May</td><td>80%</td><td>95%</td></tr> <tr><td>June</td><td>82%</td><td>95%</td></tr> <tr><td>July</td><td>75%</td><td>95%</td></tr> <tr><td>Aug</td><td>65%</td><td>95%</td></tr> <tr><td>Sep</td><td>68%</td><td>95%</td></tr> <tr><td>Oct</td><td>80%</td><td>95%</td></tr> <tr><td>Nov</td><td>82%</td><td>95%</td></tr> <tr><td>Dec</td><td>80%</td><td>95%</td></tr> <tr><td>Jan-17</td><td>100%</td><td>95%</td></tr> <tr><td>Feb</td><td>80%</td><td>95%</td></tr> </tbody> </table>	Month	% Hip Fractures < 48 hrs	Target Line	Feb-16	80%	95%	Mar	80%	95%	Apr	82%	95%	May	80%	95%	June	82%	95%	July	75%	95%	Aug	65%	95%	Sep	68%	95%	Oct	80%	95%	Nov	82%	95%	Dec	80%	95%	Jan-17	100%	95%	Feb	80%	95%
Month	% Hip Fractures < 48 hrs	Target Line																																														
Feb-16	80%	95%																																														
Mar	80%	95%																																														
Apr	82%	95%																																														
May	80%	95%																																														
June	82%	95%																																														
July	75%	95%																																														
Aug	65%	95%																																														
Sep	68%	95%																																														
Oct	80%	95%																																														
Nov	82%	95%																																														
Dec	80%	95%																																														
Jan-17	100%	95%																																														
Feb	80%	95%																																														
Other Operative Fractures	<p>95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.</p> <p>No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)</p>	<p>% is performance against 48 hour target.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p> <p>{n} = number > 7days</p>	<p>83%</p> <p>78</p> <p>(65)</p> <p>[13]</p> <p>{0}</p>	<p>90%</p> <p>70</p> <p>(63)</p> <p>[7]</p> <p>{0}</p>	<p>74%</p> <p>73</p> <p>(54)</p> <p>[19]</p> <p>{1}</p>	<p>Other Fractures</p> <table border="1"> <caption>Other Fractures Performance Data</caption> <thead> <tr> <th>Month</th> <th>Fractures % < 48hrs</th> <th>Target Line</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>80%</td><td>95%</td></tr> <tr><td>Mar</td><td>78%</td><td>95%</td></tr> <tr><td>Apr</td><td>82%</td><td>95%</td></tr> <tr><td>May</td><td>80%</td><td>95%</td></tr> <tr><td>June</td><td>82%</td><td>95%</td></tr> <tr><td>July</td><td>82%</td><td>95%</td></tr> <tr><td>Aug</td><td>62%</td><td>95%</td></tr> <tr><td>Sep</td><td>62%</td><td>95%</td></tr> <tr><td>Oct</td><td>78%</td><td>95%</td></tr> <tr><td>Nov</td><td>80%</td><td>95%</td></tr> <tr><td>Dec</td><td>82%</td><td>95%</td></tr> <tr><td>Jan-17</td><td>90%</td><td>95%</td></tr> <tr><td>Feb</td><td>72%</td><td>95%</td></tr> </tbody> </table>	Month	Fractures % < 48hrs	Target Line	Feb-16	80%	95%	Mar	78%	95%	Apr	82%	95%	May	80%	95%	June	82%	95%	July	82%	95%	Aug	62%	95%	Sep	62%	95%	Oct	78%	95%	Nov	80%	95%	Dec	82%	95%	Jan-17	90%	95%	Feb	72%	95%
Month	Fractures % < 48hrs	Target Line																																														
Feb-16	80%	95%																																														
Mar	78%	95%																																														
Apr	82%	95%																																														
May	80%	95%																																														
June	82%	95%																																														
July	82%	95%																																														
Aug	62%	95%																																														
Sep	62%	95%																																														
Oct	78%	95%																																														
Nov	80%	95%																																														
Dec	82%	95%																																														
Jan-17	90%	95%																																														
Feb	72%	95%																																														
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis. (2015/16 Target = 13%)	<p>% = % treated with thrombolysis</p> <p>n = number treated with thrombolysis</p> <p>(n) = number confirmed Ischaemic strokes</p>	<p>3.7%</p> <p>1</p> <p>(27)</p>	<p>20.7%</p> <p>6</p> <p>(29)</p>	<p>All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.</p>																																											

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																										
			DEC	JAN	FEB																																											
Card Before You Leave	Ensure that all adults and children who self-harm and present for assessment at ED are offered a follow-up appointment with appropriate mental health services within 24 hours.	<p>There were 38 SET CBYL referrals received during February 2017.</p> <p>% = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches</p>	<p>100%</p> <p>(38)</p> <p>[0]</p>	<p>100%</p> <p>(42)</p> <p>[0]</p>	<p>100%</p> <p>(38)</p> <p>[0]</p>	1 DNAs. No breaches																																										
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	<p>% = % who began treatment within 62 days n = number of patients seen (n) = breaches</p> <p>Circumstances can create breaches which are shared with another Trust.</p> <p>In Feb 2017, 64.5 patients were seen. There were 31 breaches involving 39 patients, of whom 8 were shared.</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Jan was 40%, 65.5 seen (39.5), now 43% 83 seen (47) breaches</p> <p>Dec was 40%, 64.5 seen (38.5) breaches, now 43% 67.5 (38.5) breaches</p>	<p>43%</p> <p>67.5</p> <p>(38.5)</p>	<p>43%</p> <p>83</p> <p>(47)</p>	<p>52%</p> <p>64.5</p> <p>(31)</p>	<table border="1"> <caption>62 Day Target Performance Data</caption> <thead> <tr> <th>Month</th> <th>62 Day Target (%)</th> <th>Target Line (%)</th> </tr> </thead> <tbody> <tr><td>Feb-16</td><td>55</td><td>95</td></tr> <tr><td>Mar</td><td>60</td><td>95</td></tr> <tr><td>Apr</td><td>45</td><td>95</td></tr> <tr><td>May</td><td>55</td><td>95</td></tr> <tr><td>June</td><td>55</td><td>95</td></tr> <tr><td>July</td><td>70</td><td>95</td></tr> <tr><td>Aug</td><td>45</td><td>95</td></tr> <tr><td>Sep</td><td>35</td><td>95</td></tr> <tr><td>Oct</td><td>35</td><td>95</td></tr> <tr><td>Nov</td><td>40</td><td>95</td></tr> <tr><td>Dec</td><td>40</td><td>95</td></tr> <tr><td>Jan-17</td><td>40</td><td>95</td></tr> <tr><td>Feb</td><td>50</td><td>95</td></tr> </tbody> </table>	Month	62 Day Target (%)	Target Line (%)	Feb-16	55	95	Mar	60	95	Apr	45	95	May	55	95	June	55	95	July	70	95	Aug	45	95	Sep	35	95	Oct	35	95	Nov	40	95	Dec	40	95	Jan-17	40	95	Feb	50	95
Month	62 Day Target (%)	Target Line (%)																																														
Feb-16	55	95																																														
Mar	60	95																																														
Apr	45	95																																														
May	55	95																																														
June	55	95																																														
July	70	95																																														
Aug	45	95																																														
Sep	35	95																																														
Oct	35	95																																														
Nov	40	95																																														
Dec	40	95																																														
Jan-17	40	95																																														
Feb	50	95																																														

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days [n] = number of referrals received n = number of completed referrals (n) = breaches {n} = longest wait in days	99.5% [225] 206 (1) {16}	80.5% [256] 216 (42) {19}	95.3% [200] 235 (11) {17}	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	% = % who began treatment within 31 days n = number of patients (n) = breaches	97% 86 (2)	97.3% 110 (3)	96 % 114 (4)	
Cancelled Appointments	By March 2017 reduce by 20% the number of hospital cancelled consultant-led outpatient appointments.	% = % reduction on baseline n = number of cancelled appointments (n) = cancellations over target Baseline = 2004/month Target = 1604/month	30.2% 1398 (-206)	25.5% 1493 (-111)	11.5% 1773 (-169)	FY15/16 target - hospital cancelled consultant led appointments should be less than 5%. Target FY16/17 - reduce number hospital cancellations by 20%. New target 1604 or less per month
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches	100% (10) [0]	100% (9) [0]	100% (9) [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
	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	78%	75%	60%	
			(9)	(8)	(5)	
			[2]	[2]	[2]	

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	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Allied Health Professions waits	All < 13 weeks	96.8%	97.9%	97.3%	96.8%	96.9%	95.4%	94.5%	93.7%	93.9%	95.5%	92.9%	92.1%	90.1%
Complex Discharges	Min. 90% <48hrs (SET TOR)	77.5%	67.2%	62.2%	57.8%	64.4%	70.5%	72.2%	66%	68.1%	62.4%	69.4%	62.2%	66.9%
	Min. 90% <48hrs (All in SET beds)	72.1%	60.8%	51.7%	51.1%	56.1%	67.2%	66.2%	64.1%	62.8%	56.7%	64.8%	54%	64.2%
	Number complex discharges	462	316	321	274	326	305	297	339	336	363	412	428	352
	ALL <7days	91.7%	84.3%	85%	83.9%	84%	90.2%	89.3%	90.3%	89.3%	83.5%	86.2%	86.4%	90.3%
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	Reporting to begin April 2016		84%	80%	80%	79%	82%	79%	82%	81%	80%	81%	82%
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	65.2% (154)	78.3% (88)	76.4% (90)	78.6% (75)	74.8% (95)	64.3% (164)	62.9% (168)	63.9% (171)	65.5% (169)	63.4% (178)	63.7% (169)	66.2% (141)	64.9% (136)
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Q4 600 (Cum 1730)		Quarter 1 721			Quarter 2 665 (Cum 1386)			Figures Reported Quarterly in Arrears			Figures Reported Quarterly in Arrears	
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Reporting Commenced May 2016, April figures backdated.		48	49	51	178	239	290	364	427	433	474	521
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	79 (cum 782)	75 (cum 857)	Quarter 1 418			Quarter 2 492 (Cum 910)			Quarter 3 223 (cum 1133)			Reported Quarterly	
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 541, Target = 595)	539	541	544	572	574	580	584	584	603	608	619	618	620
Community Based short Breaks (Elderly)	By March 2017, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 216529.75 Target = 227356.25	Quarter 4 55414.5 Hours (cum 216529.75 Hours)		Quarter 1 57086 Hours			Quarter 2 53726 Hours (cum 110812 Hours)			Quarter 3 57911 Hours (cum 168723 Hours)			Reported Quarterly	

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB		
Assess and Treat Older People	All assessments completed <5 wks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.5%	100%		
	Main components of care needs met <8 weeks	98% (1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.9% (1)		
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches	95% (3)	94.7% (2)	91.3% (4)	98.2% (1)	96.1% (3)	99.1% (1)	92.7% (7)	89.5% (9)	91.0% (6)	91.7% (5)	94.5% (4)	96.1% (3)	95.8% (3)		
Orthopaedic ICATS	By March 2017, at least 50% (prev. 60%)of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks (prev 18 wks until april 16). (n) = breaches	<9 wks	79.8% (127)	96.4% (20)	98.2% (10)	95.3% (33)	87.5% (104)	81.8% (181)	76.2% (256)	63% (485)	60% (565)	63.5% (524)	72.1% (333)	65.8% (388)	59.7% (463)	
		<52wks (prev 18 wks).	99.4% (4)	99.5% (3)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	85% (198)	81.2% (266)	81.5% (265)	99.9% (1)	100% (0)	100% (0)	
	From December 2016 Spinal figures are displayed separately here.	<9 wks												4.9% (481)	13.3% (312)	19.4% (145)
		<52wks												12.1% (445)	27.8% (260)	52.2% (86)

Directorate KPIs & SQE Indicators

Service Area	Indicator	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	50%	49%	43%	47%	52%	49%	45%	49%	44%	45%	40%	50%		
	20% increase in number of staff using E-NISAT. Baseline = 140 Target = 168 / mth	149	138	142	174	223	194	199	209	228	221	240	231		
	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	69	71	75	87	90	93	97	99	101	104	105	104	103	
	District Nursing Caseload Allocation Compliance No more than 50 unactioned in each locality	North Down	0	0	3	0	5	0	0	0	3	0	0	0	0
		Ards	0	0	0	0	0	0	0	0	0	0	0	0	0
		Down	0	0	0	0	0	0	0	0	3	0	0	25	0
Lisburn		0	2	0	0	0	0	0	0	11	0	0	0	0	

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	JAN 16	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17
Complaints Handling	How many complaints were received this month?	14	20	20	12	7	6	9	10	9	11	9	13	8
	What % were responded to within the 20 day target? (target 65%)	71%	55%	65%	58%	57%	83%	44%	50%	44%	73%	22%	38%	63%
	How many were outside the 20 day target?	4	9	7	5	3	1	5	5	5	3	7	8	3
Freedom of Information Requests	How many FOI requests were received this month?	1	0	3	2	4	2	27	5	4	5	2	1	9
	What % were responded to within the 20 day target? (target 100%)	0%	n/a	100%	50%	75%	50%	33%	20%	25%	20%	0%	100%	44%
	How many were outside the 20 day target?	1	0	0	1	1	1	18	4	3	4	2	0	4

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																									
			DEC	JAN	FEB																										
AHP Waits	No patient to wait longer than 13 weeks from referral to commencement of treatment	At 28 th February 2017 of 10020 patients on the AHP waiting list, 989 are waiting longer than 13 weeks.	92.9%	92.1%	90.1%	<p>Legend: 13 Week (blue bar), Target Line (red line)</p>																									
		<table border="1"> <thead> <tr> <th>Service</th> <th>No on W/L</th> <th>Waiting >13 wks</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>5666</td> <td>613</td> <td>89.2</td> </tr> <tr> <td>OT</td> <td>1155</td> <td>108</td> <td>90.6</td> </tr> <tr> <td>Orthoptics</td> <td>223</td> <td>8</td> <td>96.4</td> </tr> <tr> <td>Podiatry</td> <td>1206</td> <td>21</td> <td>98.3</td> </tr> <tr> <td>S&LT</td> <td>959</td> <td>191</td> <td>80.1</td> </tr> <tr> <td>Dietetics</td> <td>881</td> <td>48</td> <td>94.1</td> </tr> </tbody> </table> <p>[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >13 wks		Compliance	Physio	5666	613	89.2	OT	1155	108	90.6	Orthoptics	223	8	96.4	Podiatry	1206	21	98.3	S<	959	191	80.1	Dietetics	881	48	94.1
Service	No on W/L	Waiting >13 wks	Compliance																												
Physio	5666	613	89.2																												
OT	1155	108	90.6																												
Orthoptics	223	8	96.4																												
Podiatry	1206	21	98.3																												
S<	959	191	80.1																												
Dietetics	881	48	94.1																												

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
Complex Discharges	90% of complex discharges should take place within 48 hours.	<p>All qualifying patients from SET Trust of Residence in any acute bed across NI. (Source: HSCB Web Portal).</p> <p>(n) = 48 hr breaches</p> <p>Revisions post validation:-</p> <p>Dec was 68.6% (80) now 69.3% (78) Jan was 62.2% (110) now 62.4% (109)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> • No Domiciliary Care Package • Patient / Family resistance 	69.3% (78)	62.4% (109)	66.9% (88)	<p>Legend: SET Resident (dark teal), All in SET Beds (light teal), Target Line (red)</p>
Complex Discharges	90% of complex discharges should take place within 48 hours.	<p>All qualifying patients (any trust of Residence) in SET beds.</p> <p>(n) = complex discharges.</p> <p>Revisions post validation:-</p> <p>Jan was 54% (428) now 53.8% (424)</p> <p>There were also corresponding changes in the Trust of residence figures.</p>	64.8% (412) >48 hrs By Trust of res SET 84 BT 57 ST 4	53.8% (424) >48 hrs By Trust of res SET 122 BT 72 NT 1 ST 2	64.2% (352) >48 hrs By Trust of res SET 80 BT 45 WT 1	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying patients (any trust of Residence) in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Jan was 86.4% 428 (58) now 86.3% 424 (58)	86.2% 412 (57) SET 32 BT 22 ST 3	86.3% 424 (58) SET 28 BT 28 ST 2	90.3% 352 (34) SET 18 BT 15 WT 1	<p>Legend: SET Residents (teal bar), Target Line (red line)</p>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					TREND
			Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	
Unplanned Admissions	By March 2017 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825 16/17 Target = 2684	530 (cum 731)	600 (cum 1130)	600 (cum 1730)	721 (cum 721)	665 (cum 1386)	

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
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)		619	618	620	<p>The chart displays monthly Direct Payments (blue bars) and a Target (red line). The Y-axis represents the number of cases, ranging from 0 to 700. The X-axis shows months from Feb-16 to Feb. Direct Payments start at approximately 541 in Feb-16, rise to 595 in Mar, and then fluctuate slightly around the 595 target line from Apr onwards. The Target line is constant at 595 from Apr to Feb.</p>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			NOV	DEC	JAN	
Long-Term Conditions	By March 2017, deliver 78,000 Monitored Patient Days To be reported one month in arrears	For 2016/17, a target of 78,000 patient target days was in place for the South Eastern Trust. Average Monthly target 6500 MPD MPD = Monitored Patient Days	TF3 In month 5409 MPD 83.22% Cum 46633 MPD 89.68%	TF3 In month 5436 MPD 83.6% Cum 52069 MPD 89.00%	TF3 In month 5427 MPD 83.49% Cum 57,496 MPD 88.46%	No of patients in February 2017 benefiting from remote tele monitoring = 175 patients . Staff have had meetings with Fold reps and there has been some uncertainty generated through the completion of an EXIT Strategy currently being finalised by TF3.
Long-Term Conditions	By March 2017, deliver 90,132 telecare monitored patient days (equivalent to approximately 244 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract. To be reported one month in arrears	The Trust has started the process of educating practitioners about the system and referrals have increased with higher referral rates at the start of 2016. Monthly target 7511 MPD MCD = Monitored Care Day	In Month 8110 MCDs 108% Cum 53080 MCD 107%	In Month 8715 MCDs 108% Cum 69905 MCD 103%	In Month 8924 MCDs 118.8% Cum 72524 MCD 99.6%	Monitoring for Telecare shows 17 referrals in January with 18 installs and 11 de-installs due to deaths, admission to Residential or PNH. The number of patients benefiting from remote telecare monitoring = 292 clients (increase of 11 patients on previous month).

Service Area	Target	FEB 16	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
					84%	80%	80%	79%	82%	79%	82%	81%	80%	81%	82%
71%	71%	73%	69%	74%	72%	70%	69%	61%	67%	73%					

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.			4	4	5	6	7	8	10	10	10	9	11
Adult MH Services waits	All < 9 weeks	100%	100%	100%	100%	100%	99.6%	100%	100%	100%	100%	100%	100%	100%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	4 th Quarter 19 (cum 359)		1 st Quarter 9			2 nd Quarter 5 (Cum 14)		3 rd Quarter 11 (cum 25)					
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	2	3	4	4	4	5	6	5	3	3	3	3	4
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	
Mental Health	By March 2017, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	Reporting Commenced May 2016		15	12	13	13	14	11	12	12	11	11	11	
	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 99%	Down n/a	Down 100%	Down 100%	Down 100%	Down 39%	Down 100%	Down 100%	Down 100%	Down 100%	Down 100%	Down 100%	Down 100%	Down 100%
		Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 98.4%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%
		NDA 97%	NDA 100%	NDA 98.5 %	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA 100%

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	JAN 16	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17
Complaints Handling	How many complaints were received this month?	4	5	5	1	6	3	10	6	4	5	3	4	2
	What % were responded to within the 20 day target? (target 65%)	100%	20%	40%	0%	15%	67%	30%	17%	50%	20%	0%	0%	50%
	How many were outside the 20 day target?	0	4	3	1	5	1	7	5	2	4	3	4	1
Freedom of Information Requests	How many FOI requests were received this month?	0	0	1	1	4	3	0	1	4	6	2	1	2
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	100%	0%	25%	66%	n/a	0%	25%	0%	50%	100%	50%
	How many were outside the 20 day target?	0	0	0	1	3	1	0	1	3	6	1	0	1

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
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% (614) [0]	100% (664) [0]	100% (664) [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 February 2017, all were discharged within 7 days	100%	100%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 4 delayed discharges in Jan 2017 – pending accommodation and this is now being monitored through the Ward Social Workers who report to the Senior Manager for Acute day Care Services and HTT	3	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 45 SET discharges in January 2017 for follow up within 7 days. All were offered appointments within 7 days.	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 – MENTAL HEALTH SERVICES

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

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	100%	100%	99.9%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	13	12	12	11	11	11	11	10	10	11	11	11	8
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	3	3	3	3	3	3	3	3	3	3	3	3	3
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Reporting Commenced May 2016, April figures backdated.		34	34	51	68	88	100	138	164	171	270	319
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	539	540	544	572	574	580	588	584	603	608	619	618	620

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	Zero Return	100%	100%	100%	Zero Return	Zero Return	100%	100%	100%	Zero Return	100%	100%	100%
	Main components of care needs met <8 weeks	Zero Return	100%	100%	100%	Zero Return	100%	100%	100%	100%	Zero Return	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB
Adult Learning Disability / Adult Disability	By March 2017, secure a 10% increase in the number of direct payments (Physical and Sensory Disability) March 16 = 189 Target = 207	Reporting commenced May 2016		191	205	204	205	208	210	214	219	220	217	219
	By March 2017, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	Reporting commenced May 2016		263	264	263	265	265	264	271	273	278	281	287
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	1 (cum 24)	1 (cum 25)	1	3 (cum 4)	4 (cum 8)	4 (cum 12)	1 (cum 13)	3 (cum 16)	1 (cum 17)	4 (cum 21)	2 (cum 23)	0 (cum 23)	2 (cum 25)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	94%	94%	100%	94%	98.1%	97.6%	87.5%	94.2%	95%	100%	91%	95%	

		Quarter 3 (15/16)	Quarter 4 (15/16)	Quarter 1 (16/17)	Quarter 2 (16/17)	Quarter 3 (16/17)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 556 Target: 278 (70 per quarter)	3 rd Quarter 127 (cum 308)	4 th Quarter 114 (cum 422)	1 st Quarter 98 (cum 98)	2 nd Quarter 70 (cum 168)	3 rd Quarter 121 (cum 289)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	3 rd Quarter 53 (cum 178)	4 th Quarter 67 (cum 245)	1 st Quarter 50	2 nd Quarter 66 (cum 116)	3 rd Quarter 98 (cum 214)
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	3 rd Quarter 47 (cum 90)	4 th Quarter 13 (cum 103)	1 st Quarter 35	2 nd Quarter 25 (cum 60)	3 rd Quarter 13 (cum 73)
	By March 2017, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 27, 645 hrs (6, 911hrs / quarter)	3 rd Quarter 8035 Hours (Cum 19,405.5)	4 th Quarter 8239.5 Hours (Cum 27645)	1 st Quarter 8048.7 Hours	2 nd Quarter 8116.0 hours (Cum 16163.7 Hrs)	3 rd Quarter 8549.0 Hours (cum 22012.7 Hrs)
	Achieve minimum 88% internal environment cleanliness target.	89%	93%	88%	93%	93%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			DEC	JAN	FEB																												
Discharge	Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.	All patients discharged within the target time during August.	100%	100%	100%																												
	No discharge taking longer than 28 days.	The Trust currently has 11 people awaiting discharge, 11 of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	11 (11)	11 (11)	10 (8)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> </tr> </thead> <tbody> <tr> <td>0-7</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>8-28</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>29-90</td> <td>1</td> <td>0</td> <td>2</td> </tr> <tr> <td>91-365</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>>365</td> <td>9</td> <td>9</td> <td>3</td> </tr> <tr> <td>Total</td> <td>11</td> <td>11</td> <td>10</td> </tr> </tbody> </table>	Delay in days	Dec	Jan	Feb	0-7	0	0	1	8-28	0	0	1	29-90	1	0	2	91-365	1	2	3	>365	9	9	3	Total	11	11
Delay in days	Dec	Jan	Feb																														
0-7	0	0	1																														
8-28	0	0	1																														
29-90	1	0	2																														
91-365	1	2	3																														
>365	9	9	3																														
Total	11	11	10																														
Resettlement	By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.	Three patients remain to be resettled.	3 people remain to be resettled (one person is receiving active treatment)	3 people remain to be resettled (one person is receiving active treatment)	3 people remain to be resettled (one person is receiving active treatment)																												
Self Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Physical Disability	82	116	141																												
		Learning Disability	89	154	178																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	99.3% (2)	99.6% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	98.6% (4)	100% (0)	100% (0)	99.7% (1)	100% (0)	100% (0)	100% (0)	98.4% (5)	99.1% (3)	98.6% (5)	98.5% (4)	99.3% (2)	97.9% (1)
Inter-prison transfer	All prisoners to receive a “Transfer Health Screen” by Prison Healthcare Staff on the day of arrival.	100%	100%	100%	99%	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.	87.1%	90%	93.5%	98.9%	90.3%	83.5%	97.3%	94.4%	91.7%	100%	100%	100%	99.7%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	JAN 16	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17
Complaints Handling	How many complaints were received this month?	3	4	5	2	1	3	9	3	3	1	4	3	2
	What % were responded to within the 20 day target? (target 65%)	0%	0%	0%	0%	0%	0%	33%	0%	0%	0%	25%	67%	100%
	How many were outside the 20 day target?	3	4	5	2	1	3	6	3	3	1	3	1	0
Freedom of Information Requests	How many FOI requests were received this month?	0	1	0	1	0	2	1	0	3	1	4	2	0
	What % were responded to within the 20 day target? (target 100%)	n/a	0%	n/a	100%	n/a	50%	0%	0%	33%	0%	75%	50%	n/a
	How many were outside the 20 day target?	0	1	0	0	0	1	1	0	2	1	1	1	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			DEC	JAN	FEB																								
Committal	All prisoners to be subject to a healthcare / keepsafe assessment to determine immediate health concerns on the day of first reception, and before spending their first night in prison, to include an assessment of the risk of suicide/ self-harm.	% = performance n = total committals (n) = breaches Note: Magilligan Prison is not a committal prison so only receives transfers and is not covered by this target.	100%	100%	100%																								
		267	288	288																									
		(0)	(0)	(0)																									
	All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.	% = performance n = total committals (n) = breaches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th>Dec</th> <th>Jan</th> <th>Feb</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center;">Maghaberry</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">217</td> <td style="text-align: center;">233</td> <td style="text-align: center;">240</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">50</td> <td style="text-align: center;">53</td> <td style="text-align: center;">48</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">4</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>			Dec	Jan	Feb	Maghaberry	Committals	217	233	240	Breaches	0	0	0	Hydebank	Committals	50	53	48	Breaches	4	2	1	98.5%	99.3%	97.9%	1 Breach Hydebank
		Dec	Jan	Feb																									
Maghaberry	Committals	217	233	240																									
	Breaches	0	0	0																									
Hydebank	Committals	50	53	48																									
	Breaches	4	2	1																									
		267	288	288																									
		(4)	(2)	(1)																									
Inter-Prison Transfers	On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.	% = performance n = total transfers (n) = breaches	100%	100%	100%																								
		88	46	59																									
		(0)	(0)	(0)																									
Emergency Care	In an emergency, prisoners will be seen by Prison Healthcare staff within an hour. <i>Emergencies are defined as "Code Blue" or "Code Red" calls for assistance.</i>	% = performance n = total emergencies (n) = breaches	100%	100%	100%																								
		36	57	33																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
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	100% 238 (0)	100% 294 (0)	99.7% 334 (1)	
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% (8) [0]	100% (8) [0]	100% (11) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Psychological Therapies waits	All < 13 weeks	38.6%	46%	44.6%	45.7%	42.8%	39.7%	34.9%	32.9%	35.4%	38.0%	35.4%	40.2%	40.7%

Adult Services Directorate – Clinical Psychology Services – KPIs

	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Direct Contacts (cum)	2204 (21,630)	1878 (23,508)	2129	2163 (4292)	2096 (6388)	1697 (8085)	1877 (9962)	2032 (11994)	2052 (14046)	2511 (16557)	1689 (18246)	2003 (20,249)	2255 (22,504)
Consultations (cum)	91 (1013)	88 (1101)	68	119 (187)	111 (298)	43 (341)	87 (428)	91 (519)	104 (623)	95 (718)	94 (812)	119 (931)	89 (1,020)
Supervision - Hours (cum)	101 (1236)	94.5 (1330.5)	120	135 (255)	111 (366)	108 (474)	99 (573)	118 (691)	107 (798)	137 (935)	121 (1,056)	106 (1,162)	133 (1,295)
Staff training - Hours (cum)	106 (1196.5)	317 (1513.5)	158	113 (271)	78 (349)	76 (425)	63 (488)	182 (670)	137 (807)	164 (971)	100 (1,071)	56 (1,127)	189 (1,316)
Staff training - Participants (cum)	331 (2989)	372 (3361)	394	221 (615)	232 (847)	81 (928)	103 (1031)	415 (1446)	252 (1698)	263 (1961)	506 (2,467)	80 (2,547)	328 (2,875)

Adult Services Directorate – Psychology Services - Corporate Issues

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

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND						
			DEC	JAN	FEB							
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	35.4%	40.2%	40.7%							
			(1134)	(993)	(894)				Breaches	Dec	Jan	Feb
			[733]	[594]	[530]	386	235	184				
						25	27	18				
			27	32	28				5	9	9	
			290	291	291				0	0	0	
									733	594	530	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (2)	100% (2)	100% (2)	100% (3)	Nil Return	100% (2)	100% (3)	100% (1)	100% (5)	100% (3)	100% (2)	100% (5)	100% (1)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	77.8% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	72.2% (5)	100% (0)	100% (0)	100% (0)	100% (0)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	76.3% (18)	76.4% (17)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	95.7% (2)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	83.3% (3)	82.6% (4)	93.8% (2)	64.7% (6)	80% (4)	90% (2)	68.8% (5)	84% (4)	88.6% (4)	93.8% (1)	89.5% (2)	75% (3)	62.5% (6)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	83.3% (2)	100% (0)	100% (0)	100% (0)	100% (0)	95.2% (1)	100% (0)	96.7% (1)	95.5% (1)	93.3% (1)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	89.3% (21)	90.3% (17)	85.8% (28)	84.6% (34)	81.9% (43)	79.7% (40)	53.8% (102)	48.2% (118)	94.5% (10)	93.9% (14)	81.8% (30)	88.1% (21)	90.9% (19)
	All Family support initial assessment completed <10 days of allocation	29.2%	27.6%	20%	26.2%	19.3%	9.1%	27.6%	24.8%	33.9%	26.7%	27.9%	19.4%	43.8%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	40.3% (46)	56.9% (25)	34.5% (38)	59.6% (19)	27.5% (29)	39.1% (14)	44.4% (10)	82.9% (6)	61.3% (12)	46.2% (21)	33.3% (18)	94.6% (2)	73.9% (6)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	75% (27)	77.5% (18)	76.3% (22)	81.1% (10)	90.7% (5)	100% (0)	100% (0)	95.5% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	100% (0)	94.5% (4)	73.4% (21)	100% (0)	100% (0)	99.1% (1)	100% (0)	100% (0)	95.2% (8)	97.4% (3)	97.4% (3)	100% (0)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	4 th Quarter 28 (cum 115)		1 st Quarter 35			2 nd Quarter 25 (cum 60)			3 rd Quarter 23 (cum 83)			Reported Quarterly	
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	147	179	188	229	184	158	165	147	179	166	173	78	85
Unallocated cases	Total number of unallocated cases over 30 days in Children's Services						136	135	124	150	134	141	55	55

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	FEB 16	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB
Fostering	Number of Mainstream Foster Carers	326	322	323	319	320	323	319	310	314	320	320	316	320
	Number of children with Independent Foster Carers	18	18	18	20	22	24	32	28	28	29	28	29	28
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	93.1%	91.9%	91.4%	94.8%	91.4%	91.1%	92.9%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Quarter 4 97.5%		Quarter 1 97.4%			Quarter 2 97.5%			Quarter 3 97.2%				
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	48.2%	51.4%	46.1%	46.4%	47.2%	49%	50%	45.7%	35.1%	42%	49.9%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	259	281	289	315	273	247	224	217	272	242	295	161	180
	Family Centre Waiting List at month end	5	13	14	6	11	12	10	8	6	9	5	6	8
Care Leavers	At least 75% aged 19 in education, training or employment	76%	77%	75%	71%	80%	79%	77%	81%	76%	77%	85%	82%	77%

Children's Services - Corporate Issues

Service Area	Indicator	JAN 16	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 17
Complaints	How many complaints were received this month?	1	10	5	8	8	3	7	9	19	6	9	3	10
	What % were responded to within the 20 day target? (target 65%)	0%	20%	20%	13%	38%	67%	0%	67%	21%	17%	11%	33%	10%
	How many were outside the 20 day target?	1	8	4	7	5	1	7	3	15	5	8	2	9
Freedom of Information Requests	How many FOI requests were received this month?	7	4	1	1	4	4	1	3	0	4	2	1	4
	What % were responded to within the 20 day target? (target 100%)	0%	25%	100%	0%	50%	25%	0%	33%	n/a	0%	0%	0%	50%
	How many were outside the 20 day target?	7	3	0	1	2	3	1	2	0	4	2	1	2

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
Children In Care	<p>All children admitted to residential care should, prior to admission:-</p> <p>(1) Have been the subject of a formal assessment to determine the need for residential care.</p> <p>(2) Have had their placement matched through the Children's Resource Panel Process.</p>	<p>% = % compliance</p> <p>(n) = No of children admitted to care this month</p>	<p>100%</p> <p>(2)</p>	<p>100%</p> <p>(5)</p>	<p>100%</p> <p>(1)</p>	
	<p>For every child taken into care, a plan for permanence and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.</p>	<p>There were 14 children taken into care during July 2016. 1 child was for Respite/Shared Care and 2 were discharged</p> <p>Of the remaining 13 children, all had a permanence plan in place at the end of February 2017.</p> <p>% = % compliance</p> <p>n = number of children requiring a plan</p> <p>(n)= number of children without permanence plan within 6 months.</p>	<p>100%</p> <p>9</p> <p>(0)</p>	<p>100%</p> <p>11</p> <p>(0)</p>	<p>100%</p> <p>13</p> <p>(0)</p>	

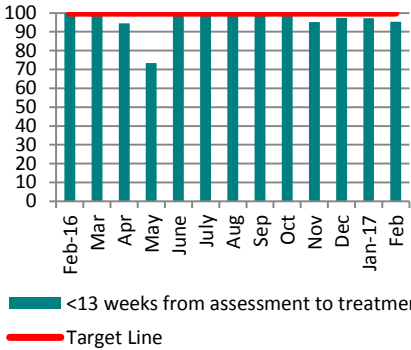
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
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% (48) [48]	100% (66) [66]	100% (67) [67]	
	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.	95.7% (46) [44]	100% (55) [55]	100% (58) [58]	
	Following the completion of the initial child protection assessment, a child protection case conference to be held within 15 working days of the original referral being received.	% = % compliance (n) = number of initial case conferences held [n] = number within 15 days	89.5% (19) [17]	75% (12) [9]	62.5% (16) [10]	
	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.	93.3% (15) [14]	100% (15) [15]	100% (16) [16]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			DEC	JAN	FEB	
	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	81.8% (165) [135]	88.1% (176) [155]	90.9% (197) [179]	
Assessment Of Children At Risk Or In Need	All family support referrals to be investigated and an initial assessment completed within 10 working days from the date the original referral was allocated to the social worker.	% = % compliance (n) = number of assessments completed [n] = number completed within 10 working days	27.9% (111) [31]	19.4% (108) [21]	43.8% (178) [78]	
	On completion of the initial assessment 90% of cases deemed to require a Family Support pathway assessment to be allocated within a further 30 working days.	% = % compliance (n) = number allocated [n] = number allocated within 30 working days.	33.3% (27) [9]	94.6% (37) [35]	73.9% (23) [17]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st January 2017, 38 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 91 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	100% < 13 wks (0)	<p>Assessment within 13 wks Target Line</p>

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																														
			DEC	JAN	FEB																																															
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	28 th February 2017 – 173 total waiters:- <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr><td style="width: 70%;">0 – 4 wks</td><td style="width: 30%;">34</td></tr> <tr><td>>4 – 8 wks</td><td>34</td></tr> <tr><td>>8 – 13 wks</td><td>97</td></tr> <tr><td>> 13 wks</td><td>8</td></tr> <tr><td>Total</td><td>173</td></tr> </table> Longest wait = days % = compliance (n) = breaches	0 – 4 wks	34	>4 – 8 wks	34	>8 – 13 wks	97	> 13 wks	8	Total	173	97.4% (3)	97.2% (4)	95.4% (8)	 <p style="font-size: small; margin-top: 5px;"> ■ <13 weeks from assessment to treatment — Target Line </p>																																				
0 – 4 wks		34																																																		
>4 – 8 wks	34																																																			
>8 – 13 wks	97																																																			
> 13 wks	8																																																			
Total	173																																																			
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31 st January 2017 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 15%;">Gateway</th> <th style="width: 15%;">Disability</th> <th style="width: 15%;">FIT</th> <th style="width: 15%;">Total</th> </tr> <tr> <td style="text-align: center;">41</td> <td style="text-align: center;">6</td> <td style="text-align: center;">38</td> <td style="text-align: center;">85</td> </tr> <tr> <td style="text-align: center;">(105)</td> <td style="text-align: center;">(7)</td> <td style="text-align: center;">(68)</td> <td style="text-align: center;">(180)</td> </tr> </table>	Gateway	Disability	FIT	Total	41	6	38	85	(105)	(7)	(68)	(180)	173 (295)	78 (161)	85 (180)	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="width: 10%;">Gateway</th> <th style="width: 10%;">Disability</th> <th style="width: 10%;">FIT</th> <th style="width: 10%;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">< 1 wk</td> <td style="text-align: center;">23</td> <td style="text-align: center;">1</td> <td style="text-align: center;">4</td> <td style="text-align: center;">28</td> </tr> <tr> <td style="text-align: center;">1-4 wks</td> <td style="text-align: center;">41</td> <td style="text-align: center;">0</td> <td style="text-align: center;">26</td> <td style="text-align: center;">67</td> </tr> <tr> <td style="text-align: center;">4-8 wks</td> <td style="text-align: center;">29</td> <td style="text-align: center;">5</td> <td style="text-align: center;">21</td> <td style="text-align: center;">55</td> </tr> <tr> <td style="text-align: center;">> 8 wks</td> <td style="text-align: center;">12</td> <td style="text-align: center;">1</td> <td style="text-align: center;">17</td> <td style="text-align: center;">30</td> </tr> <tr> <td style="text-align: center;">Total</td> <td style="text-align: center;">105</td> <td style="text-align: center;">7</td> <td style="text-align: center;">68</td> <td style="text-align: center;">180</td> </tr> </tbody> </table>						Gateway	Disability	FIT	Total	< 1 wk	23	1	4	28	1-4 wks	41	0	26	67	4-8 wks	29	5	21	55	> 8 wks	12	1	17	30	Total	105	7	68	180
Gateway	Disability	FIT	Total																																																	
41	6	38	85																																																	
(105)	(7)	(68)	(180)																																																	
	Gateway	Disability	FIT	Total																																																
< 1 wk	23	1	4	28																																																
1-4 wks	41	0	26	67																																																
4-8 wks	29	5	21	55																																																
> 8 wks	12	1	17	30																																																
Total	105	7	68	180																																																

HEALTH & WELLBEING

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Smoking Cessation	To deliver a stop-smoking service in 3 Acute sites.	Target: 270 individuals enrolled in the service by March 2017	160 referrals 29 enrolled in the service	28 enrolled Cum 57	52 enrolled Cum 109		Targets for enrolment in stop smoking services will not be met and this is partially due to staff sickness and staff being involved in implementing Smoke Free Sites. Although target may not be reached we have seen an increase of prescribing of Nicotine replacement therapy across all three hospital site due to training and PGD
		Target: 60% Quit rate at 4 weeks n = number quit at 4 wks % = Quit rate	32 quit at 4/52 (some 4 week follow ups from the previous quarter) 110% Quit rate	19 quit at 4 weeks 67% quit rate at 4 weeks	51 quit at 4 week = 98%		
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: 130 individuals enrolled in the service. n = number enrolled	116 referred 44 enrolled in the service	33 enrolled (Cum 77)	42 enrolled Cum 119		
		Target: 60% Quit rate at 4 weeks (n) = number enrolled n = number quit at 4 wks % = Quit rate	36 quit at 4/52 81% quit rate at 4 weeks	31 quit at 4 weeks 94% quit rate at 4 weeks	36 quit at 4 weeks 86%		

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500	524	521	524		
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	11	40 (cum total)	67 (cum total)		

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2017 demonstrate a 5% reduction on absenteeism from 2015-16	2015-16 Year End absence was 6.72% (target 6.5%) HR to work collaboratively with the operational Directorates to address absence figures.	Corp 6.18 (cum)	Corp 6.10 (cum to end Aug)	Corp 6.72 (Dec not included)		Q3: 2015-16 = 6.64% Q3: 2014-15 = N/A Q3: 2013-14 = 5.22%
			HR 8.49%	HR 3.93%	Not Yet Avail		Q2: 2015-16 = Not Avail Q2: 2014-15 = Not Avail Q2: 2013-14 = 7.21%
Investors In People	By March 2017 trust-wide liP re-accreditation completed using an internal review approach.	Corporate Directorates, Hospital Services and Adult Services (apart from PHC) successfully achieved post recognition review 2015-16. PHC scheduled w/c 6 th February 17 to complete Trust-wide re-accreditation.	67%	67%	98%		
Induction	By March 2017, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	Classroom induction attended by 90% of new staff within 3 months of their start date in 2015-16 but only 73% overall completed the blended component. 100% HR staff completed corporate induction 2015-16	Corp 79% (cum)	Corp 79% (cum)	Corp 68% (cum)		Q3: 2015-16 = 75% Q3: 2014-15 = 65% Q3: 2013-14 = 75%
			HR 100%	HR 100%	HR 100%		1 staff inducted
KSF Appraisal	Improve take-up in annual appraisal of performance during 2016/17 by 5% on previous year ie 44% by end March 17.	42% appraisal uptake at Year-end 2015-16 (target 41.5%) both corporately and for HR. New recording mechanism allows for breakdown by Directorate and by named managers.	Corp 10%	Corp 19%	Corp 32%		Q3: 2015-16 = 27% Q3: 2014-15 = 26% Q3: 2013-14 = 25%

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND						
			Q1	Q2	Q3	Q4							
KSF Appraisal	Improve take-up in annual appraisal of performance during 2016/17 by 5% on previous year ie 44% by end March 17.	<table border="1"> <thead> <tr> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>21%</td> <td>27%</td> <td>32%</td> </tr> </tbody> </table>	Oct	Nov	Dec	21%	27%	32%	HR 49%	HR 43%	HR 51%		64 staff appraised
		Oct	Nov	Dec									
21%	27%	32%											
(Rolling total: Jan 16 - Dec 16 = 46%)													
KSF Appraisal	By March 2017, 95% of Medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 96% appraisal uptake at Year-end 2015-16 (target 95%).	25%	43%	62%								
Equality	To ensure that all staff who require a face-to-face interpreter have access to, and are competent to use, the Regional Interpreting Service.	This is essential to ensure that Service Users have equal access to Trust services and associated communications	100%	100%	100%								
	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 2016/17				TREND
			Q1	Q2	Q3	Q4	
Recruitment	By March 2017, to improve recruitment times to 25 days from date released from Scrutiny to Final Offer – excluding Access NI & Occupational Health	There has been a reduction in the time taken. There has been a decrease in the number of posts coming through – managers are now using new system and initially it may be taking them longer to process until they are familiar with the system. Also, some directorates have already moved to Shared Services so there has been a decrease in number of requisitions to be processed by General Recruitment allowing more time to concentrate on directorates that have not yet transitioned to SS. At 2015-16 Year-end recruitment time was 30 days.	39days	33 days	29 days		Q3 2015-16 = 34 days Q3 2014-15 = N/A
Bank	By March 17 reduce Agency Usage within all Corporate Bank Users to 15% and increase Bank usage to 85%	At Year-end 2015-16: 82% Bank, 18% Agency	85% Bank / 15% Agency	84% Bank / 14% Agency Cumulative 84.5% Bank 15.5% Agency	87% Bank / 13% Agency Cumulative 85.3% Bank 14.7% Agency		
	By March 17 to increase the Users of the Corporate Bank Service by 25%	At Year-end 2015-16: 33% increase new users. Starting point - 128 units using Corporate Bank. End Q1– 155 units using Corporate Bank	21% increase in new Users	10.3% increase in new users from Q1 Cumulative 34% increase	8.1% increase new users from Q2. Cumulative 44.5% increase		

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
HRPTS	By end December 2016 all recruitment to be processed using eRec via Shared Services	Adult Services & PHC only Directorate to still go-live	20%	20%	91%		
	100% of HRPTS users to be accessing payslips online by October 2016 (excludes special provisions for L-Term leave, etc.)	At Year-end 33% users, with HRPTS access accessing payslips online. Further paperless deployment has been halted due issues with Shared Services Payroll e.g. staff with multiple contracts.	31%	42%	53%		
Staff Well-Being	To increase the number of staff engaging in the physical activity programmes by 5% year on year.	Base line figures 2015/16 = 2,636 Target = 2768	2024	395 attended (Cum 2419) No sessions July & August	922 Attended (Cum 3341)		Figures for new initiatives such as couch to 5 K will be collated in Q4
	To deliver staff health checks as part the Leap Forward initiative	In 2016/17 the number of commissioned sessions has increase due to demand	164 staff attended	23 attended No session July & August	119 staff attended a health check		

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31 st March 2017	The Trust received £6m net allocation from June Monitoring round leaving a residual Savings Requirement of £8.9m. The Trust has received feedback in respect of our Savings plans to address this shortfall. A Further £980K has been received, leaving a revised Savings Target of £7.92m. The Trust has resubmitted a revised TDP on this basis. The Trust is forecasting a balanced in year position on the premise that £16.1m (£8.2m+£7.92m) are achieved. The recurring deficit for the Trust is £21m					