South Eastern Health and Social Care Trust

For Discussion

Integrated Performance Management & Accountability Framework

Corporate Scorecard

May 2018

Contents

Introduction

This report presents the monthly performance against:

- Agreed population health and well-being outcome measures as outlined in the Draft Programme for Government (2016-21),
- Plan targets and indicators of performance drawn from the Health and Social Care Draft Commissioning Plan 2017/18

The report is divided into two sections:

- Section 1: **SET Outcomes**. This section includes performance against; PfG indicators; Department of Health indictors and internally defined directorate level Outcomes and Key Performance Indicators (KPIs) including Safety, Quality and Experience (SQE).
  A dashboard is provided on a bi-annual basis to demonstrate the Trust's contribution to the achievement of the following PfG Outcomes:
  - *We enjoy long, healthy active lives*
  - *We care for others and help those in need*
  - *We give our children and young people the best start in life*
  - *We have a more equal society*

  Safety, Quality and Experience performance is reported under this section on a monthly basis under the Department of Health led PfG outcome, We live long, health, active lives.

- Section 2: Performance against commissioning plan targets. This section contains 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. The end of this section contains performance improvement trajectories.

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
PfG	Programme for Government
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

SECTION 1

SET OUTCOMES

Programme for Government Framework

PfG Outcome: We enjoy long, healthy, active lives

Indicators

PfG:

% population with GHQ12 scores >/= 4

Number of adults receiving social care services at home or self-directed support for social care as a % of the total number of adults needing care

% people who are satisfied with Health and Social Care

Preventable mortality

Healthy life expectancy at birth

Confidence of the population aged 60 years+ (as measured by self-efficacy)

Gap between highest and lowest deprivation quintile in health life expectancy at birth

DoH:

Improving the health of our people

Improving the quality and experience of healthcare

Ensuring the sustainability of our services

Supporting and empowering staff

Trust:

Reduce preventable deaths

Reduce unplanned Hospital admissions

Increase independent living

Decrease mood and anxiety prescriptions

Primary Measures

Recovery College

Emergency admissions rate

Improve support for people with care needs The number of adults receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care

Improve mental wellbeing

Improve end of life care - Percentage of the last 6 months of life which are spent at home or in a community setting

SQE Performance

Make Contact Count

Health Promotion

Age Friendly Societies

Falls Prevention

Smoking Cessation

Enhanced Care at Home

Ambulatory Care Hubs

SDS

Memory Clinics

SAFE AND EFFECTIVE CARE
May 2018

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 25.05.18

Going forward the Scorecard will report in SPC charts rather than the run charts:

We all know that measurement is integral to the improvement methodology in healthcare but how do we know whether or not we have actually made a difference and if the care being delivered is getting better, staying the same or getting worse each year? What we do not always take into account is the variation in the way that services are delivered – by individual departments, people and even different types of equipment. All of these differences in the way things are done lead to differences in the way services are delivered.

The main aims of using Statistical Process Control (SPC) charts are to understand what is 'different' and what the 'norm' is. By using these charts, we can then understand where the focus of work needs to be concentrated in order to make a difference. We can also use SPC charts to determine if an improvement is actually improving a process and also use them to 'predict' statistically whether a process is 'capable' of meeting a target. SPC charts are therefore used:

• As way of demonstrating and thinking about variation

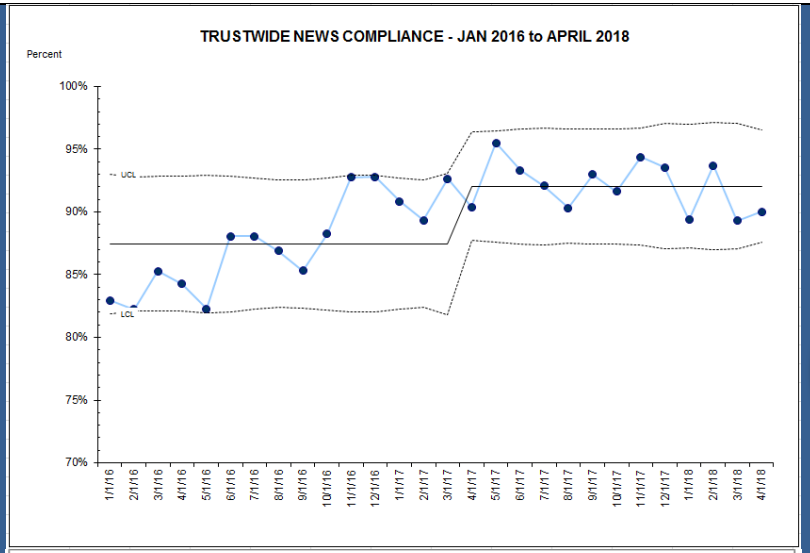
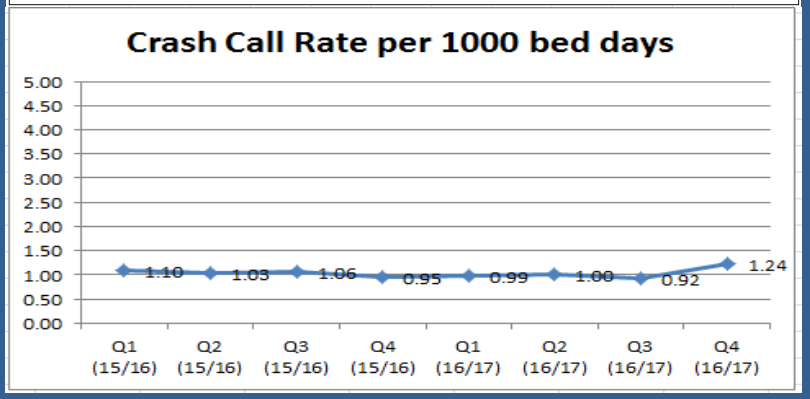
• As simple tool for analysing data – measurement for improvement

• As a tool to help make better decisions - easy and sustainable to use

Phase 1 and 2 within the scorecard charts refer to the financial years 2016-17 and 2017-18.

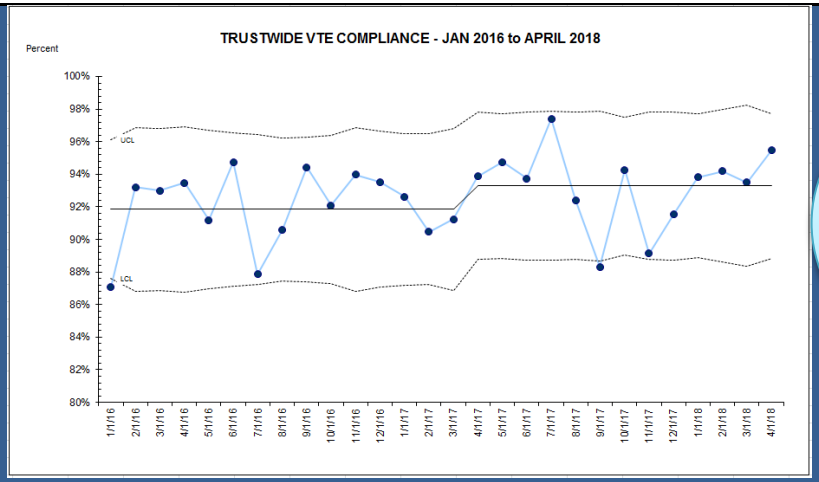
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 25.05.2018

Description	Aggregate position	Trend	Variation
The score is aggregated from 6 parameters that should be routinely measured in hospital and recorded on the clinical chart. The aggregated score will then inform the appropriate response required and the frequency by which the next set of observations should be carried out. Compliance with this process is measured across all wards each month through a random sample of 10 patient charts in each area.	**All cardiac arrests are sent to the monthly M&M meeting's for discussion.** **The rate for crash calls per 1000 bed days for Q1 2018/19 is not yet available.**	 	Lowest compliance questions: Part 1: Evidence of appropriate action? (93%) and Part 2: If NEWS score is above 5, is there documented evidence of appropriate action? (89%) **Phase 1** - 2016/17 average compliance 88% **Phase 2** – 2017/18 average compliance 93%

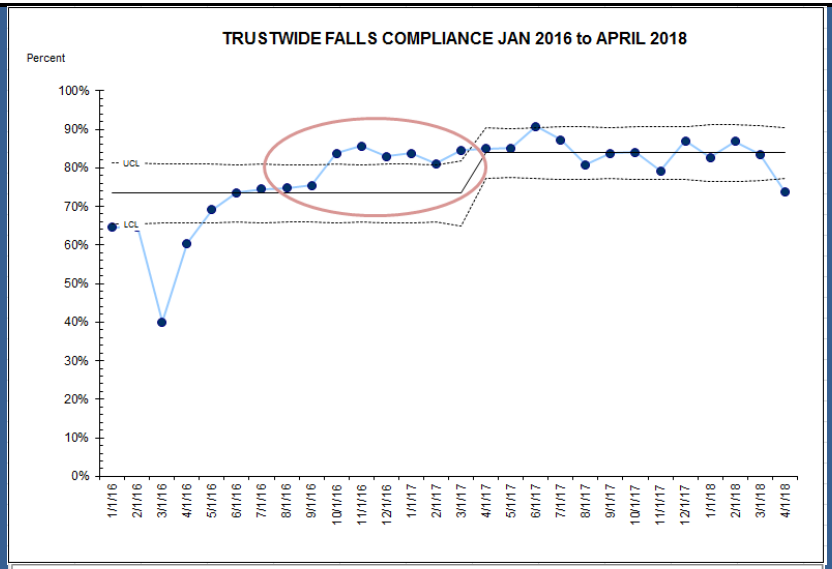
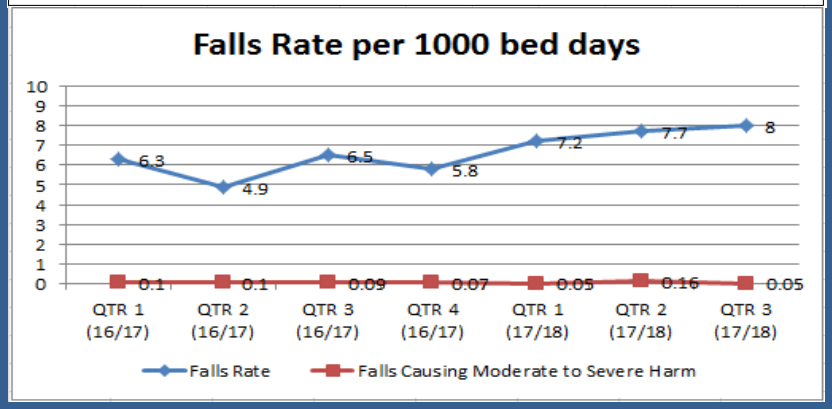
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 25.05.2018

Description	Aggregate position	Trend	Variation
Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2016/17			**Phase 1** - 2016/17 average compliance 91% **Phase 2** – 2017/18 average compliance 93%

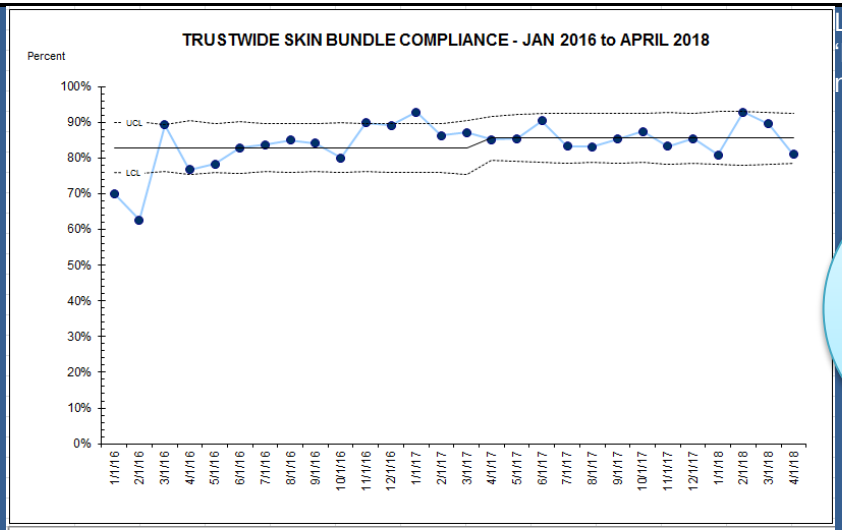
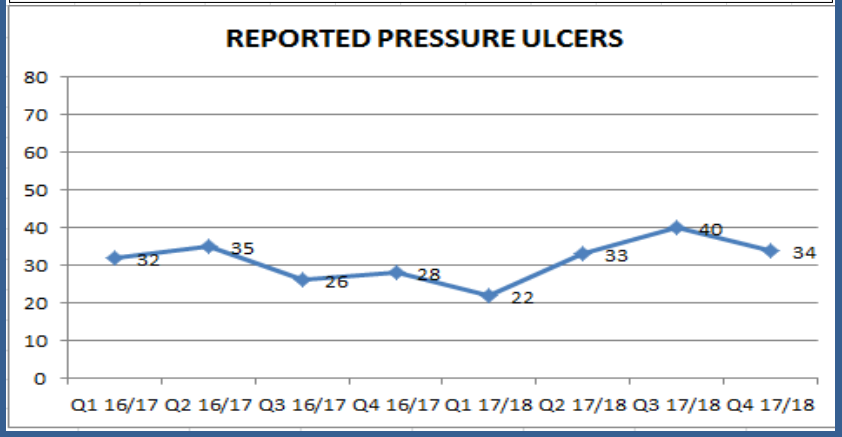
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 25.05.2018

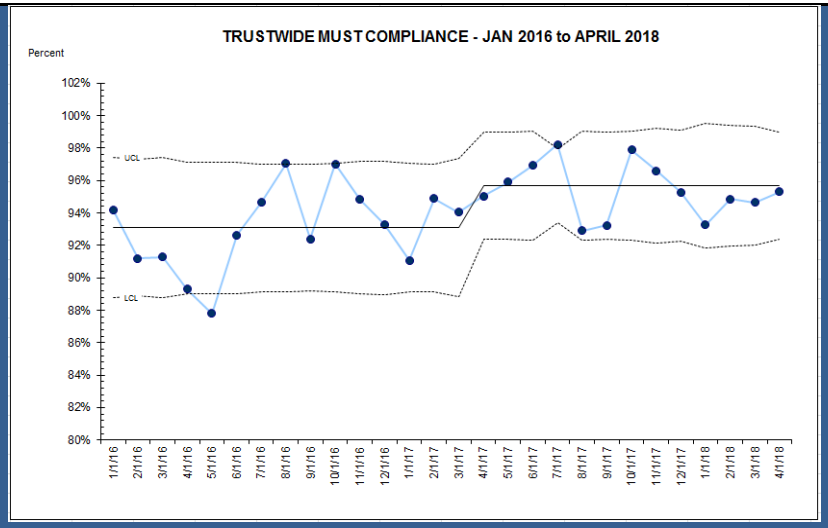
Description	Aggregate position	Trend	Variation
Falls prevention requires a wide range of interventions and the FallSafe bundle aims to help acute adult hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in the future. The bundle assesses all patients in part A and those patients 65+ years and patients aged 50-64 years who are judged to be at higher risk of falling because of an underlying condition in part B.	See chart with falls rate per 1000 bed days. QTR 4 2017/18 and QTR 1 2018/19 are not yet available from PHA. Falls Champion Workshop planned for June 2018.	 	Lowest compliance questions: Part A: 'Urinalysis performed' 88% Part B: 'Lying & Standing BP' 87% **Phase 1** - 2016/17 average compliance 73% **Phase 2** – 2017/18 average compliance 82%

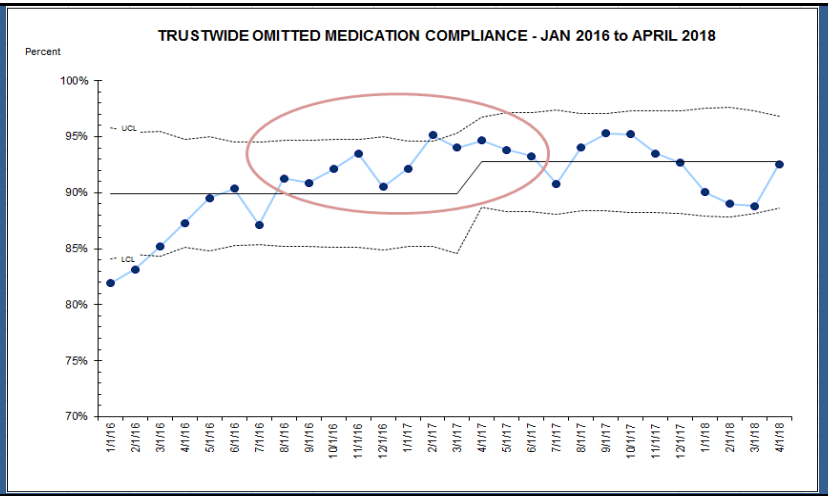
South Eastern Health and Social Care Trust

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 25.05.2018

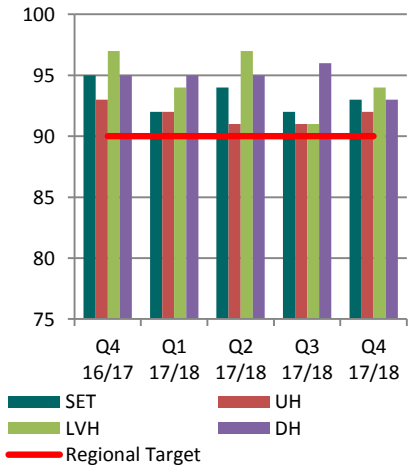
Description	Aggregate position	Trend	Variation
From April 2016 measure the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were unavoidable **Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days**	**Pressure Ulcers reported in 2017/18 there were:** • **69 Grade 2** • **18 Grade 3** • **21 Grade 4 and above** **Q1 2018/19 reported pressure ulcers is not yet available.**	 	Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 90% **Phase 1** - 2016/17 average compliance 83% **Phase 2** – 2017/18 average compliance 86%

SAFE & EFFECTIVE CARE

Description	Aggregate position	Trend	Variation
Good nutrition is fundamental for health, healing and recovery from illness and injury. Nutritional screening is a first-line process of identifying patients who are already malnourished or at risk of becoming so and should be undertaken by the nurses on patient admission to hospital.	Compliance with MUST screening continues to be monitored across all adult acute inpatient areas, acute mental health and dementia units.		**Phase 1** - 2016/17 average compliance 93% **Phase 2** – 2017/18 average compliance 96%

Description	Aggregate position	Trend	Variation
95% compliance with fully completing medication kardexes (i.e. no blanks)	There has been a steady increase in compliance. This KPI is being addressed regionally; the Trust is sitting on the working group. Trust wide audit to take place May/June 2018		**Phase 1** - 2016/17 average compliance 90% **Phase 2** – 2017/18 average compliance 93%

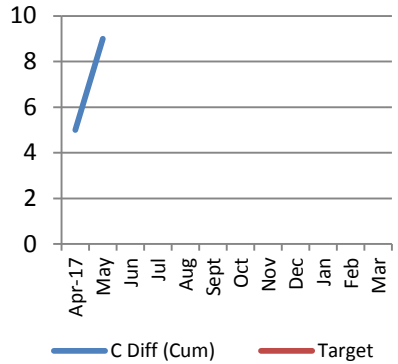
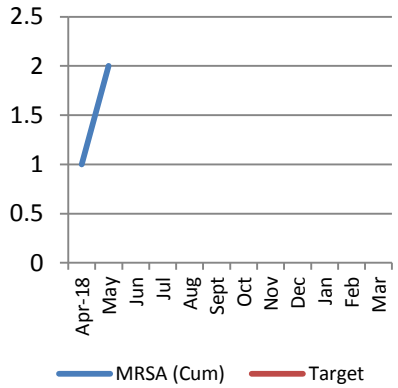
SAFE & EFFECTIVE CARE

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

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>MAR</th><th>APR</th><th>MAY</th><th></th></tr>
<tr>
<td rowspan="2">HCAI</td>
<td rowspan="2">By March 2018, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16

There is not yet an updated target for 18/19.</td>
<td rowspan="2">
<table>
<tr><th></th><th>2017/2018 Target</th><th>2018/2019 Target</th></tr>
<tr><td>C Diff</td><td>Target<49</td><td></td></tr>
<tr><td>MRSA</td><td>Target<6</td><td></td></tr>
</table>
Of the 9 C Diff cases in 18/19, 5 were within 72 hours of admission, with 4 later than 72 hours from admission.

Of the 2 MRSA Cases, 2 were within 48 hours of admission, with none later than 48 hours of admission.
</td>
<td>C Diff
5
(cum 59)</td>
<td>C Diff
5
(cum 5)</td>
<td>C Diff
4
(cum 9)</td>
<td> 
</td>
</tr>
<tr>
<td>MRSA
0
(cum 5)</td>
<td>MRSA
1
(cum 1)</td>
<td>MRSA
1
(cum 2)</td>
<td> 
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SECTION 2

PERFORMANCE AGAINST COMMISSIONING PLAN TARGETS

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR		APR	MAY
Outpatient waits	Min 50% <9 wks for first appt		23.2%	23.7%	21.9%	20.8%	21.3%	22.1%	21.5%	19.2%	18.5%	19.7%	21.1%		21.3%	20.4%
	All <52 wks		77.7%	75.5%	73.8%	71.9%	70.9%	70.1%	69.3%	68.1%	67.6%	67.2%	65.8%		65.3%	63.8%
Diagnostic waits	Imaging 75% <9 wks		69%	72.0%	70.8%	67.5%	69.8%	69.8%	73.1%	70.0%	69.7%	72.3%	71.4%		68.5%	63.7%
	Physiological Measurement <9 wks		64.7%	64.9%	65%	62.6%	62.5%	65.2%	63.2%	58.9%	59.4%	62.1%	69.9%		60.4%	59.9%
	Diag Endoscopies	< 9 wks	44%	43%	39%	37%	35%	37%	38%	35%	36%	36%	35%		36%	38%
		< 13 wks	59%	62%	62%	60%	58%	60%	62%	63%	59%	62%	55%		53%	54%
Inpatient & Daycase Waits	Min 55% <13 wks		48%	47%	45%	44%	41%	45%	46%	44%	45%	44%	45%		44%	44%
	All <52 wks		88%	87%	87%	87%	86%	85%	85%	84%	84%	84%	83%		82%	81%
Diagnostic Reporting	Urgent tests reported <2 days		95.6%	96.1%	95.3%	95%	92.6%	91%	92.4%	91.8%	92.4%	90.8%	91%		91%	93%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	79.6%	81.3%	83.3%	79.9%	78.7%	76%	78%	70.2%	71.6%	71.5%	69.3%		74.8%	76.3%
		12hr breaches	183	120	110	186	250	421	303	706	800	784	848		462	464
	UHD	4hr performance	66.6%	71.8%	75.2%	69.1%	67.6%	64.3%	66.2%	59.1%	58.8%	59.9%	56.2%		62.3%	63.3%
		12hr breaches	177	104	108	185	249	403	300	642	732	724	726		436	450
	LVH	4hr performance	89.7%	88.8%	92.2%	91.0%	88.8%	88%	89.8%	80.4%	80.2%	77.9%	76.1%		82.3%	87.3%
		12hr breaches	2	0	0	0	0	1	0	24	40	26	57		20	0
	DH	4hr performance	93.1%	92.8%	92.9%	93.7%	93.7%	90.6%	92.6%	85.7%	87.4%	88.2%	86.9%		92.8%	92.5%
		12hr breaches	4	16	2	1	1	17	3	40	28	34	65		6	14
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours		85.1%	86.9%	90.6%	88.9%	87.1%	87.6%	87.3%	84.7%	86.8%	82.9%	81.2%		87.3%	87.3%
Non Complex discharges	ALL <6hrs		84.7%	86.8%	88%	88.2%	86.7%	88%	87.9%	87.1%	89.1%	87.8%	88.8%		88.2%	87.1%
Hip Fractures	>95% treated within 48 Hours		58%	59%	48%	95%	74%	64%	48%	66%	64%	65%	62%		56%	68%
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis		22.7%	20.8%	14.3%	11.1%	14.3%	8.1%	16.6%	20%	16.3%	5.2%	10.7%		18.4%	16.2%
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		53%	54%	50%	50%	44%	46%	45%	53%	54%	51%	66%		59%	56%
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)		100% (0) 11	100% (0) 14	95.5% (1) 25	100% (0) 17	100% (0) 14	92% (18) {44}	100% (0) {12}	99.5% (1) {15}	98.3% (4) {26}	100% (0) {12}	100% (0) {13}		100% (0) {14}	100% (0) {14}
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)		95% (6)	97% (5)	96% (4)	95% (6)	93% (7)	92% (10)	94% (6)	95% (6)	97% (4)	97% (4)	98% (3)		96% (6)	94% (8)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%
	Psoriasis (n) - Breaches		100% (0)	62.5% (3)	33% (4)	0% (3)	100% (0)	100% (0)	80% (3)	66% (3)	77% (3)	57% (6)	46% (12)		52.9% (9)	

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator		MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)		97.7%	97.4%	97.9%	94.9%	95.1%	95.1%	95.9%	97.4%	95.1%	96.4%	96.7%	95%	95.9%
	% routine tests reported <28 days (Target formerly 100%)		99.5%	99%	98.6%	96.8%	97.5%	99.9%	97.6%	97.8%	96.1%	98.9%	97.9%	96.9%	96.4%
% Operations cancelled for non-clinical reasons		SET	1.5%	1.7%	1.2%	0.8%	**2.7%**	0.9%	1.1%	1.6%	1.5%	1.3%	1.8%	1.8%	1.0%
		UHD	**2.7%**	1.8%	1.4%	1.2%	1%	1.4%	1.2%	1.8%	1.3%	1%	**2%**	1.8%	1.2%
		LVH	0.3%	1.3%	1.3%	0.4%	**7.1%**	0.4%	0.1%	0.3%	1.8%	**2.2%**	1.1%	**2.8%**	1.1%
		DH	0.4%	**2.1%**	0.5%	0.3%	1.1%	0.4%	**2.5%**	**3.2%**	1.5%	1.1%	1.9%	0.4%	0.2%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)		**Cum 47%**	**Cum 47%**	**Cum 49%**	**Cum 51%**	**Cum 52%**	**Cum 52%**	**Cum 54%**	**Cum 54%**	**Cum 56%**	**Cum 56%**			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)		Cum 79.2%	Cum 80.2%	Cum 79.5%	Cum 79.7%	Cum 79.3%	Cum 79.5%	Cum 80%	Cum 79.4%	Cum 80.1%	Cum 80.2%			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)		12783	12145	11794	12167	11826	12215	11845	11586	11302	10512	12357	11574	12797
	Ulster Hospital		8466	8085	8066	8127	7925	8231	8022	7870	7397	6905	8106	7699	8375
	Lagan Valley Hospital		2238	2146	1887	2090	2035	2080	2055	1887	2038	1926	2245	2042	2308
	Downe Hospital (inc w/end minor injuries)		2079	1914	1841	1950	1866	1904	1768	1829	1867	1681	2006	1833	2114
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)		9.4%	9.5%	9.6%	9.6%	9.3%	10.1%	10%	11.1%	10.6%	9.5%	11.2%	9.7%	10.3%
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments		23.6%	**9.8%**	26.6%	24.4%	21.3%	**10.1%**	**0.8%**	23.5%	**7.8%**	**7.3%**	**-5.8%**	**-6.2%**	**-8.3%**
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)		5615	5563	4605	5467	5185	5780	5802	4436	5552	5457	5876	5520	6249
Other Operative Fractures	>95% within 48hrs		**57%**	**66%**	**67%**	**88%**	**70%**	**66%**	**56%**	**64%**	**55%**	**55%**	**62%**	**61%**	**73%**
	100% within 7 days		95%	97.5%	98.9%	96.3%	97.6%	97.0%	98.5%	95.3%	**92.8%**	97.3%	95.2%	96%	97.6%
Stroke	No of patients admitted with stroke		44	48	28	36	35	37	36	45	43	38	28	38	37
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	**42.4% (21)**	**47.5% (206)**	**40.6% (249)**	**74.6% (302)**	**69.5% (278)**	**69% (205)**	**55.9% (152)**	**49.3% (148)**	**50.4% (132)**	**54% (110)**	**52.8% (102)**	**53.5% (118)**	**56% (106)**
		Ophth	**37.8% (434)**	**60.4% (418)**	**64.4% (438)**	**65% (405)**	**54.5% (332)**	**62.4% (397)**	**65.1% (391)**	**31% (408)**	**33.4% (381)**	**36.7% (330)**	**32.3% (341)**	**31.3% (340)**	**30.6% (347)**

HOSPITAL SERVICES

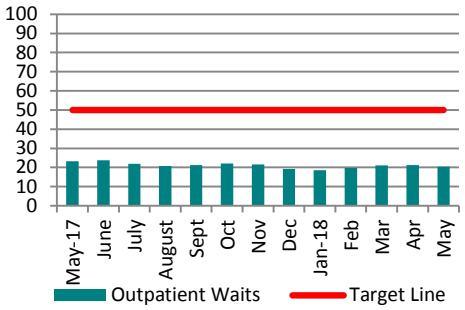
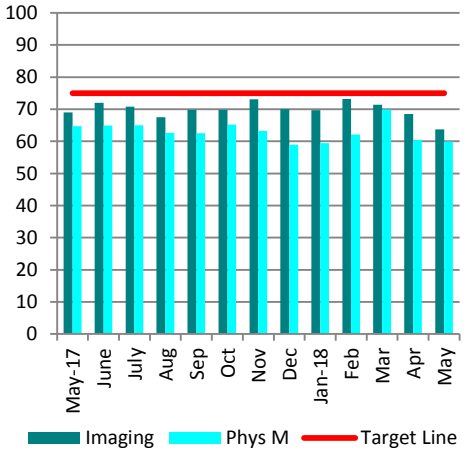
Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.7	5.7	5.7	5.7	5.9	5.9	6.1	6.6	7.0	7.2	7.0	6.6	6.5
	Ave LOS trimmed	4.5	4.5	4.4	4.5	4.7	4.8	4.7	5.2	5.6	5.6	5.5	5.1	5.0
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10	10	11.4	9.9	11.2	12.2	12.7	12.2	12	11.3	10.3	10.5	11.4
	Ave LOS trimmed	7.1	7	7.8	6.3	7.7	8.1	7	7.5	7	7.2	7.1	6.1	7.0
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	**76.3%**	**78.4%**	**78.4%**	81.2%	**79.5%**	**78.1%**	**69.4%**	**64.6%**	**73.4%**	**74.1%**	**74.8%**	**80.4%**	**80.1%**
	% NEW attendances who left without being seen (Target < 5%)	3%	2.8%	2.8%	2.6%	3.2%	2.8%	2.4%	3.3%	2.7%	3%	3.7%	2.3%	2.8%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.7%	2.7%	2.3%	3%	2.1%	2.5%	2.8%	2%	2.4%	2.1%	2.5%	2.7%	2.6%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	48.7%	47.4%	55.6%	55%	52.1%	50%	49.7%	43%	51.7%	43.7%	42.6%	49.7%	49.2%

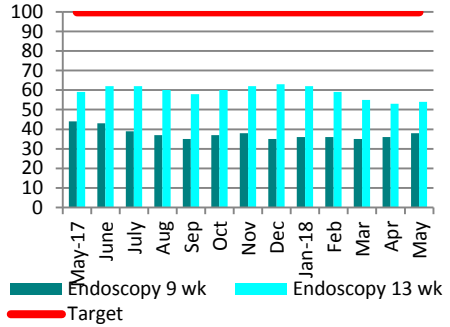
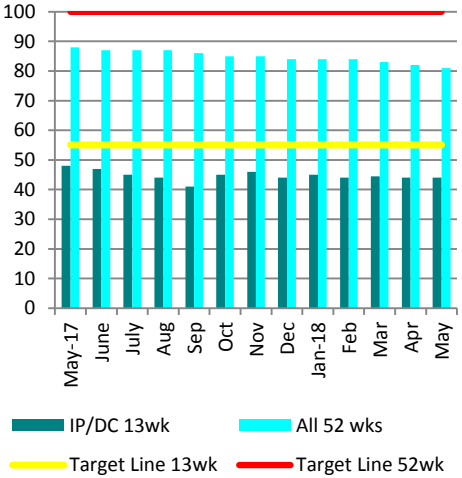
Hospital Services – Corporate Issues

Service Area	Indicator	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Complaints	How many complaints were received this month?	28	39	33	31	34	39	31	43	20	46	30	35	38
	What % were responded to within the 20 day target? (target 65%)	**39%**	**46%**	67%	**26%**	**56%**	**51%**	**48%**	**35%**	**35%**	**35%**	**37%**	**31%**	**42%**
	How many were outside the 20 day target?	17	19	11	23	15	19	16	28	13	30	19	24	22
Freedom of Information Requests	How many FOI requests were received this month?	12	5	7	6	15	4	13	13	9	13	11	6	11
	What % were responded to within the 20 day target? (target 100%)	**58%**	100%	**86%**	**67%**	**93%**	**75%**	**77%**	100%	100%	**92%**	**73%**	**83%**	**82%**
	How many were outside the 20 day target?	5	0	1	2	1	1	3	0	0	1	3	1	2

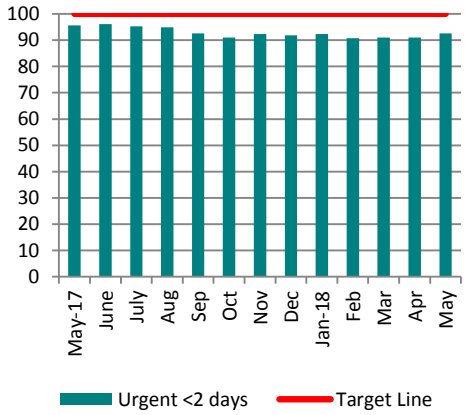
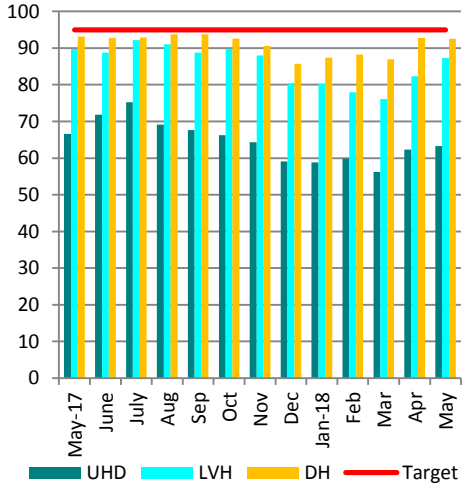
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE MAR	PERFORMANCE APR	PERFORMANCE MAY	TREND
Outpatient Waits	From April 2016, at least 50% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks.	% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >52 wks	**21.1%** **[61811]** **[48740]** **[21112]**	**21.3%** **[62697]** **[49355]** **[21729]**	**20.4%** **[62414]** **[49676]** **[22616]**	
Diagnostic waits	By March 2018 75% of patients should wait no longer than 9 weeks for a diagnostic test with no-one to wait more than 26 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 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.*	**71.4%** **[8226]** **(2355)** **{358}**	**68.5%** **[8435]** **(2660)** **{254}**	**63.7%** **[9353]** **(3393)** **{583}**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**69.9%** **(1453)** **{308}**	**60.4%** **(2150)** **{525}**	**59.9%** **(2389)** **{550}**	
	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)	**35%** **[3294]** **(2143)**	**36%** **[3443]** **(2205)**	**38%** **[3307]** **(2044)**	

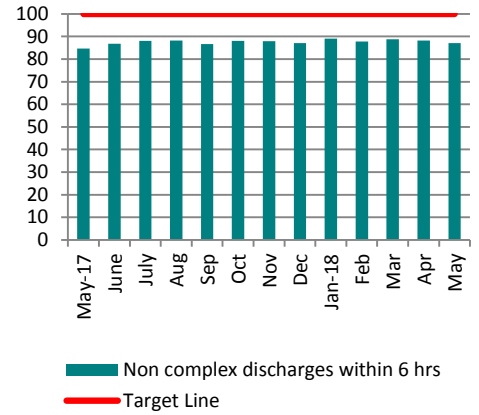
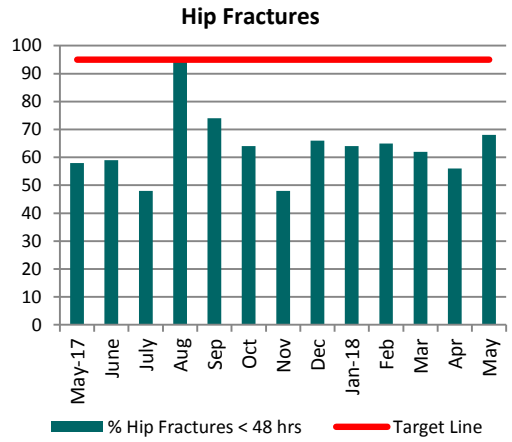
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE MAR	PERFORMANCE APR	PERFORMANCE MAY	TREND
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	**55%** **[1015]** **(452)**	**53%** **[1042]** **(487)**	**54%** **[947]** **(438)**	
Inpatient & Daycase Waits	By March 2018, 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.	Inpatients / Daycase – 13 wk target % = % waiting < 13 weeks (n) = breaches	**44.5%** **(5592)**	**44%** **(5792)**	**44%** **(5662)**	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	**83%** **(1715)**	**82%** **(1802)**	**81%** **(1869)**	

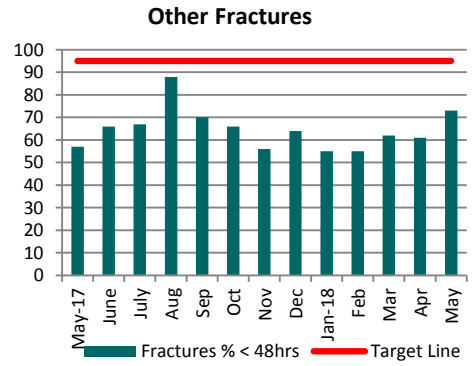
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In May 2018, of 1697 total urgent tests reported, 1572 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	**91%** **(151)** **[1671]**	**91%** **(146)** **[1672]**	**92.6%** **(125)** **[1697]**	
Emergency Departments	95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours.	SET attendances include Ards & Bangor Minor Injury Units not broken down below as not Type 1 Units SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit. n = total new and unplanned review attendances. [n] = seen within 4 hours % = % seen within 4 hours (n) = 12 hour breaches	**SET** **14161** **[9812]** **69.3%** **(848)**	**SET** **13480** **[10087]** **74.8%** **(462)**	**SET** **14865** **[11339]** **76.3%** **(464)**	
			UH **8106** **[4557]** **56.2%** **(726)**	**UH** **7699** **[4799]** **62.3%** **(436)**	**UH** **8375** **[5300]** **63.3%** **(450)**	
			LVH **2245** **[1708]** **76.1%** **(57)**	**LVH** **2042** **[1681]** **82.3%** **(20)**	**UH** **2308** **[2016]** **87.3%** **(0)**	
			DH **2006** **[1743]** **86.9%** **(65)**	DH 1833 [1701] 92.8% (6)	DH 2114 [1955] 92.5% (14)	

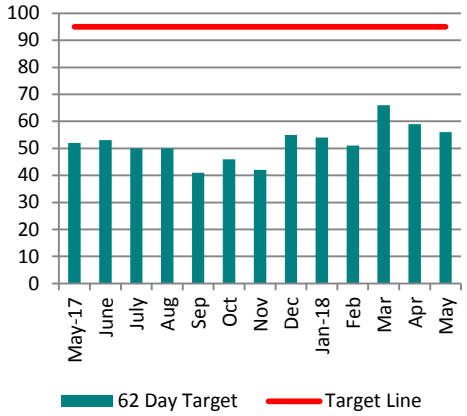
HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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	**88.8%** **2853** **(319)**	**88.2%** **2661** **(313)**	**87.1%** **2873** **(372)**	
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	**62%** **26** **(16)** **[10]**	**56%** **27** **(15)** **[12]**	**68%** **28** **(19)** **[9]**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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	**62%** **63** **(39)** **[24]** **{3}**	**61%** **75** **(46)** **[29]** **{3}**	**73%** **82** **(60)** **[22]** **{2}**	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis.	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	**10.7%** **3** **(28)**	18.4% 7 (38)	16.2% 6 (37)	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.
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 53 SET CBYL referrals received during May 2018. 37 were assessed within 24 hours. 4 DNA'd. 9 declined service. 2 were followed up by other known key workers. 1 closed in conjunction with GP. An additional 13 were CBYL referrals from other Trust and were referred to other Trusts. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (64) [0]	100% (56) [0]	100% (53) [0]	There were no breaches. There is an increase in individuals declining service.

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% = % who began treatment within 62 days n = number of patients seen (n) = breaches In Apr 2018, 74.5 patients were seen. There were 30.5 breaches involving 40 patients, of whom 19 were shared Revisions post patient pathway confirmation and pathology validation:- Mar was 66%, 62.5 seen (21.5), now 62%, 77.5 seen (29.5)	**62%** **67.5** **(29.5)**	**59%** **74.5** **(30.5)**	**56%** **70.5** **(31.5)**	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days [n] = number of referrals received n = number of completed referrals (n) = breaches {n} = longest wait in days	100% [247] 220 (0) {13}	100% [239] (185) (0) {14}	100% [219] (248) (0) {14}	
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	98% 126 (3)	96% 134 (6)	94% 125 (8)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Cancelled Appointments	By March 2018 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	**-5.8%** **2121** **517**	**-6.2%** **2128** **524**	**-8.3%** **2171** **567**	Target - reduce number hospital cancellations by 20%. 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% (3) [0]	100% (4) [0]	100% (4) [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	**46%** **22** **[12]**	**52.9%** **(17)** **[9]**	**Change to Quarterly Reporting**	

PRIMARY CARE AND OLDER PEOPLE SERVICES

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Allied Health Professions waits	All < 13 weeks	**92.6%**	**92.0%**	**91.6%**	**90.9%**	**91.9%**	**93.9%**	**94.3%**	**92.6%**	**92.6%**	**93.1%**	97.6%	95.7%	**94.6%**
Complex Discharges	Min. 90% <48hrs (SET TOR)	**79.5%**	**72.9%**	**73.4%**	**76.8%**	**76.4%**	**74.6%**	**86%**	**83.4%**	**78.4%**	**77%**	**78.3%**	**79.5%**	**81.2%**
	Min. 90% <48hrs (SET in SET beds)							99.8%	**86.6%**	**78%**	**71.2%**	**77.3%**	**75.7%**	**81.2%**
	Min. 90% <48hrs (All in SET beds)	**76.5%**	**67.5%**	**70.1%**	**72.7%**	**74.4%**	**66.8%**	**75.4%**	**77.6%**	**71%**	**67.2%**	**74.8%**	**73.5%**	**79.2%**
	Number complex discharges	**361**	**381**	**371**	**366**	**344**	**340**	**403**	**426**	**498**	**363**	**465**	**408**	**438**
	ALL <7days	95%	**87.9%**	**70.1%**	**89.3%**	**90.4%**	**84.1%**	**88.3%**	**90.8%**	**89.9%**	**88.7%**	**87.8%**	**89.4%**	**90.2%**
	SET and Other TOR	98.6%	**91.8%**	**92%**	95.4%	**94.3%**	**90.4%**	**93.3%**	**94.3%**	**94.2%**	**92.4%**	**90.5%**	**91.1%**	**92.1%**
	Belfast TOR	**83.1%**	**77%**	**68.1%**	**68.7%**	**74.2%**	**65.5%**	**73.3%**	**80.6%**	**75.7%**	**74.7%**	**78.7%**	**83.9%**	**84.3%**
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 1 725		Quarter 2 694 (cum 1419)			Quarter 3 729 (cum 2148)			**Reported Quarterly in arrears**				
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**83%**	**82%**	**86%**	**84%**	**83%**	**87%**	**84%**	**78%**	**80%**	**81%**	**78%**	**83%**	**87%**
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	**71.5% (113)**	**69.1% (134)**	**61.3% (184)**	**56.9% (206)**	**59.8% (180)**	**64.5% (166)**	**60.3% (188)**	**56.8% (205)**	**59.9% (211)**	**61.5% (200)**	**60.8% (208)**	**55.7% (237)**	**51.0% (260)**
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	694	839	923	982	1036	1087	1145	1174	1185	1203	1557	1584	1670
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 1 319		Quarter 2 205 (cum 524)			Quarter 3 286 (cum 810)			**Quarter 4 157 (cum 967)**				
Direct Payments	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	104	106	109	110	106	126	127	127	131	132	132	130	129
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 = 216530 Target =227356	Quarter 1 60, 387 Hours		Quarter 2 66, 103 Hours (cum 126, 490 Hours)			Quarter 3 88, 075 (cum 214, 565 Hours)			Quarter 4 77939 (cum 292, 504 Hours)				

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator		MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Assess and Treat Older People	Main components of care needs met <8 weeks		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches		**93.1% (5)**	97.4% (2)	**93.4% (5)**	**91.9% (6)**	96.3% (6)	**93.3% (5)**	95.9% (3)	**93.3% (4)**	**91.8% (5)**	**93.2% (5)**	**92.4% (7)**	**82.8% (11)**	**87.4% (14)**
Orthopaedic ICATS	By March 2018, 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. (n) = breaches	<9 wks	80.3% (185)	95.2% (47)	79.3% (237)	72% (372)	71.3% (388)	73.3% (337)	80.3% (228)	84% (166)	93.4% (87)	91.8% (104)	65.9% (411)	66.9% (451)	75.7% (341)
		<52wks	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	95.6% (55)	95.3% (57)	85.5% (198)	95.9% (57)

Directorate KPIs & SQE Indicators

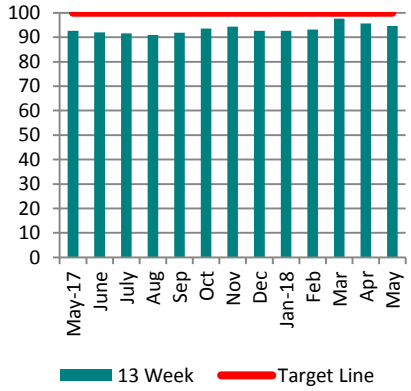
Service Area	Indicator	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	**38%**	49%	50%	48%	**40%**	48%	42%	46%	53%	51%	51%	62%	55%

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	4	12	15	13	11	7	8	12	12	8	14	20	21
	What % were responded to within the 20 day target? (target 65%)	**50%**	**50%**	**40%**	69%	64%	**43%**	63%	58%	75%	63%	64%	70%	90%
	How many were outside the 20 day target?	2	6	9	4	4	4	3	5	3	3	5	6	2
Freedom of Information Requests	How many FOI requests were received this month?	1	2	4	2	4	3	3	4	3	2	0	4	5
	What % were responded to within the 20 day target? (target 100%)	100%	100%	**75%**	100%	**25%**	100%	**67%**	100%	100%	**50%**	**n/a**	100%	100%
	How many were outside the 20 day target?	0	0	1	0	3	0	1	0	0	1	0	0	0

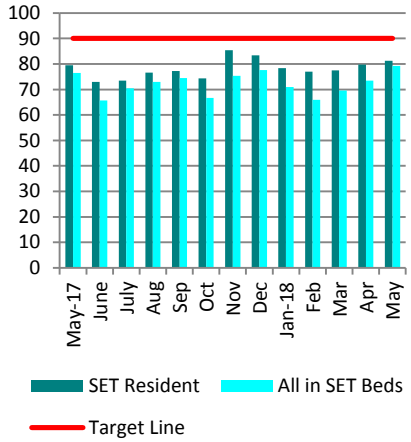
PRIMARY CARE AND OLDER PEOPLE SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>MAR</th><th>APR</th><th>MAY</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 31st May 2018 of 10631 patients on the AHP waiting list, 574 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>5921</td><td>306</td><td>94.8%</td></tr>
<tr><td>OT</td><td>1513</td><td>106</td><td>93.0%</td></tr>
<tr><td>Orthoptics</td><td>415</td><td>3</td><td>99.3%</td></tr>
<tr><td>Podiatry</td><td>1020</td><td>16</td><td>98.4%</td></tr>
<tr><td>Adults S&LT</td><td>480</td><td>108</td><td>77.5%</td></tr>
<tr><td>Childrens S&LT</td><td>374</td><td>13</td><td>96.5%</td></tr>
<tr><td>Dietetics</td><td>908</td><td>22</td><td>97.6%</td></tr>
</table>
[n] = total waiting
(n) = breaches</td>
<td>97.6%
[9819]
(240)</td>
<td>95.7%
[10157]
(435)</td>
<td>94.6%
[10631]
(574)</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).

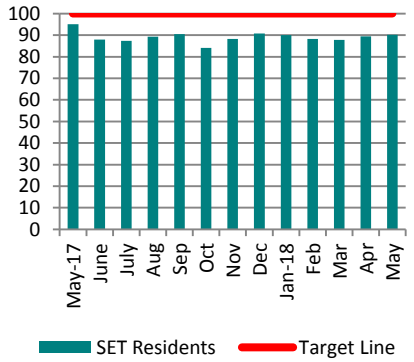
(n) = 48 hr breaches

Revisions post validation:-

Mar was 78.9% (76) now 78.3% (79)
Apr was 79.7% (60) now 79.5% (61)

SET Key reasons:-
• No Domiciliary Care Package
• Patient / Family resistance</td>
<td>78.3%
(79)</td>
<td>79.5%
(61)</td>
<td>81.2%
(62)</td>
<td> 
</td>
</tr>
</table>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients (any Trust of Residence) in SET beds. (n) = complex discharges. Revisions post validation:- Apr was 73.4% (406) now 73.5% (408)	**74.8%** **(465)** **>48 hrs By Trust of res** **SET 81** **BT 34** **NT 0** **ST 1** **NA 1**	**73.5%** **(408)** **>48 hrs By Trust of res** **SET 74** **BT 31** **NT 1** **ST 2**	**79.2%** **(438)** **>48 hrs By Trust of res** **SET 61** **BT 29** **NT 1** **ST 0**	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying SET (and Other) patients in SET beds. n = complex discharges (n) = discharges delayed by more than 48hrs. Revisions post validation:- Mar was 77.5% 365 (82) now 77.3% 365 (83) Apr was 75.7% 313 (76) now 75.7% 317 (77)	**77.3%** **365** **(83)**	**75.7%** **317** **(77)**	**81.2%** **330** **(62)**	
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:- Apr was 89.4% 406 (43) now 89.2% 408 (54)	**89.2%** **465** **(50)** **SET 29** **BT 20** **ST 1**	**89.2%** **408** **(54)** **SET 27** **BT 15** **ST 2**	**90.2%** **438** **(43)** **SET 26** **BT 17** **ST 0**	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying SET and other Trust of Residence patients in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Mar was 92.1% 365 (29) now 91.8% 365 (30) Apr was 91.1% 313 (28) now 90.9% 317 (29)	**92.1%** **365** **(30)**	**91.1%** **317** **(29)**	**92.1%** **330** **(26)**	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying Belfast Trust Residents in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions post validation:- Mar was 79% 100 (21) now 80% 100 (20) Apr was 83.9% 93 (15) now 83.5% 91 (15)	**80%** **100** **(20)**	**83.5%** **91** **(15)**	**84.3%** **108** **(17)**	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	
Unplanned Admissions	By March 2018 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825 17/18 Target = 2684 **Reported Quarterly in arrears.**	737 (cum 2127)	**754** **(cum 2881)**	725 (cum 725)	694 (cum 1419)	729 (cum 2148)	Specified Long Term Conditions are: Asthma COPD Diabetes Heart Failure Stroke

Service Area	Target	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	**83%**	**82%**	**86%**	**84%**	**83%**	**87%**	**84%**	**78%**	**80%**	**81%**	**78%**	**83%**	**87%**
	Total Number of Urgent Calls	1152	828	992	960	1001	1038	1137	1725	1251	1045	1318	1050	1012
	Urgent Calls within 20 minutes	958	681	848	804	832	899	959	1346	999	845	1033	876	881
	100% of less urgent calls triaged within 1 hour	**65%**	**76%**	**76%**	**74%**	**72%**	**74%**	**68%**	**47%**	**60%**	**60%**	**61%**	**68%**	**75%**
	Total Number of Routine Calls	6609	5388	5930	5446	5615	5815	5813	8770	7143	5697	7028	7589	6525
	Routine calls within 1 hour	4542	4118	4530	4023	4040	4316	3916	4156	4256	3416	4315	5028	4730

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	13	17	19	19	19	19	19	19	19	19	19	45	46
Adult MH Services waits	All < 9 weeks	100%	100%	100%	100%	99.7%	99.4%	100%	95.8%	**93.5%**	**92.9%**	**93.2%**	**94.8%**	97.2%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	Quarter 1 89		Quarter 2 70 (cum 159)			Quarter 3 67 (cum 226)			**Quarter 4 66 (cum 292)**				
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	8	3	3	7	4	4	6	7	5	6	11	7	5
	All follow-up < 7 days from discharge	100%	100%	100%	100%	98.3%	100%	100%	100%	100%	98%	100%	98%	97%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Mental Health	By March 2018, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	10	10	9	9	9	13	14	14	14	15	**15**	15	16

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	2	7	2	4	5	1	5	4	3	0	2	4	3
	What % were responded to within the 20 day target? (target 65%)	**50%**	**57%**	100%	75%	80%	100%	60%	**50%**	**33%**	n/a	**50%**	75%	**33%**
	How many were outside the 20 day target?	1	3	0	1	1	0	2	2	2	0	1	1	2
Freedom of Information Requests	How many FOI requests were received this month?	2	3	3	2	4	1	0	4	2	1	0	0	1
	What % were responded to within the 20 day target? (target 100%)	100%	100%	100%	100%	100%	100%	n/a	**50%**	100%	100%	n/a	n/a	100%
	How many were outside the 20 day target?	0	0	0	0	0	0	0	2	0	0	0	0	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Waiting Times For Assessment And Treatment	No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services.	% = % compliance (n) = number on waiting list [n] = number waiting > 9 weeks	**93.2%** **633** **[43]**	**94.8%** **730** **[38]**	97.2% 710 [20]	In relation to the breaches, the reasons are multifactorial which include: • existing staff vacancies • staff redeployment • current sickness levels • maternity leave • increase in referrals in CBYL
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 7 discharges in May 2018, 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 5 delayed discharges in April 2018. The availability of suitable accommodation is the difficulty in facilitating the discharge.	11	7	5	The availability of suitable accommodation is the difficulty in facilitating the discharge of these individuals. The mental health panel sits on a monthly basis to review existing placements. There has been a reduction in delayed discharges from the previous month
	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 62 SET discharges in May. All were offered 7 day follow up.	100%	98%	97%	There were 62 SET discharges in May. All were offered 7 day follow up. 1 DNA'd AND 1 CAN'd. 2 breaches

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	**9**	**11**	**10**	**8**	**8**	**6**	**3**	**3**	**4**	**5**	**6**	**6**	**6**
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	402	482	594	615	631	644	664	678	690	731	745	852	935
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	637	645	651	654	666	688	698	703	716	730	740	739	743

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	Zero Return	Zero Return	100%	100%	100%	100%	100%	100%	100%	Zero Return	100%	100%	100%
	Main components of care needs met <8 weeks	100%	Zero Return	100%	100%	100%	Zero Return	100%	100%	100%	Zero Return	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Adult Learning Disability / Adult Disability	By March 2018, secure a 10% increase in the number of direct payments (Physical and Sensory Disability) March 16 = 189 Target = 207	229	234	237	238	241	226	235	234	237	245	243	243	243
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	292	295	296	297	310	323	322	328	334	338	350	351	355
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	4 (cum 5)	3 (cum 8)	1 (cum 9)	2 (cum 11)	5 (cum 16)	2 (cum 18)	**4 (cum 22)**	**4 (cum 26)**	**5 (cum 31)**	**2 (cum 33)**	**1 (cum 34)**	3 (cum 3)	2 (cum 5)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	96.5%	96.5%	96.3%	93.5%	93.8%	95%	96.6%	98.2%	97.7%	93.4%	95.7%	100%

		Quarter 4 (16/17)	Quarter 1 (17/18)	Quarter 2 (17/18)	Quarter 3 (17/18)	Quarter 4 (17/18)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 556 Target: 278 (70 per quarter)	4th Quarter 98 (cum 387)	1st Quarter 97 (cum 97)	2nd Quarter 67 (cum 164)	3rd Quarter 92 (cum 256)	4th Quarter 90 (cum 346)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	4th Quarter 61 (cum 275)	1st Quarter 85	2nd Quarter 76 (cum 161)	3rd Quarter 43 (cum 204)	**4th Quarter 45 (cum 249)**
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	**4th Quarter 33 (cum 106)**	1st Quarter 17	2nd Quarter 12 (cum 29)	3rd Quarter 45 (cum 74)	**4th Quarter 29 (cum 103)**
	By March 2018, 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)	4th Quarter 9163.0 Hours (cum 31175.7 Hrs)	1st Quarter 8884.9 Hours	2nd Quarter 9487.0 Hours (cum 18371.9 Hrs)	3rd Quarter 21267 Hours (cum 39638.9 Hrs)	4th Quarter 22571.9 (cum 62210.6)
	Achieve minimum 88% internal environment cleanliness target.	95%	97%	93%	93%	93%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

Service Area	Indicator	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	1	3	1	1	2	2	0	0	2	2	0	2	1
	What % were responded to within the 20 day target? (target 65%)	100%	100%	100%	100%	**0%**	100%	n/a	n/a	**0%**	**50%**	n/a	**50%**	**0%**
	How many were outside the 20 day target?	0	0	0	9	2	0	0	0	2	1	0	1	1
Freedom of Information Requests	How many FOI requests were received this month?	1	0	1	0	1	0	0	0	0	1	1	0	0
	What % were responded to within the 20 day target? (target 100%)	**0%**	n/a	**0%**	n/a	100%	n/a	n/a	n/a	n/a	**0%**	100%	n/a	n/a
	How many were outside the 20 day target?	1	0	1	0	0	0	0	0	0	1	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>MAR</th><th>APR</th><th>MAY</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 August.</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 5 people awaiting discharge, 4 of whom have been waiting for more than 28 days.

n = number awaiting discharge
(n) = breaches</td><td>6

(6)</td><td>6

(6)</td><td>5

(5)</td><td>Muckamore:-<table><tr><th>Delay in days</th><th>Mar</th><th>Apr</th><th>May</th></tr><tr><td>0-7</td><td>0</td><td>0</td><td>0</td></tr><tr><td>8-28</td><td>0</td><td>0</td><td>0</td></tr><tr><td>29-90</td><td>2</td><td>1</td><td>0</td></tr><tr><td>91-365</td><td>0</td><td>1</td><td>1</td></tr><tr><td>>365</td><td>4</td><td>4</td><td>4</td></tr><tr><td>Total</td><td>6</td><td>6</td><td>5</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 (two people are receiving active treatment)</td><td>3 people remain to be resettled (two people are receiving active treatment)</td><td>3 people remain to be resettled (two people are receiving active treatment)</td><td></td></tr>
<tr><td rowspan="2">Self Directed Support</td><td rowspan="2">By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.</td><td>Physical Disability</td><td>380</td><td>395</td><td>433</td><td></td></tr>
<tr><td>Learning Disability</td><td>365</td><td>446</td><td>502</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	99.4% (2)	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	100% (0)	99.4% (2)	100% (0)	100% (0)	100% (0)	99.4% (2)	100% (0)	99.7% (1)	98.1% (7)	99.7% (1)	99.7% (1)	96.7% (10)	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%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

Service Area	Indicator	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	7	6	3	2	3	0	2	4	3	6	1	5	2
	What % were responded to within the 20 day target? (target 65%)	100%	100%	**0%**	100%	67%	n/a	100%	100%	100%	67%	100%	100%	100%
	How many were outside the 20 day target?	0	0	3	0	1	0	0	0	0	2	0	0	0
Freedom of Information Requests	How many FOI requests were received this month?	0	1	1	0	1	2	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	n/a	**0%**	100%	n/a	100%	100%	n/a	n/a	n/a	n/a	n/a	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 – 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>MAR</th><th>APR</th><th>MAY</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>100%
344
(0)</td><td>100%
314
(0)</td><td>100%
362
(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>Mar</th><th>Apr</th><th>May</th></tr><tr><td rowspan="2">Maghaberry</td><td>Committals</td><td>279</td><td>245</td><td>282</td></tr><tr><td>Breaches</td><td>1</td><td>4</td><td>0</td></tr><tr><td rowspan="2">Hydebank</td><td>Committals</td><td>65</td><td>60</td><td>80</td></tr><tr><td>Breaches</td><td>0</td><td>6</td><td>0</td></tr></table></td><td>99.7%
344
(1)</td><td>96.7%
305
(10)</td><td>100%
362
(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%
33
(0)</td><td>100%
89
(0)</td><td>100%
55
(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%
58
(0)</td><td>100%
53
(0)</td><td>100%
56
(0)</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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% (7) [0]	100% (9) [0]	100% (7) [0]	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Psychological Therapies waits	All < 13 weeks	**54.6%**	**59.5%**	**64.1%**	**60.8%**	**65.5%**	**70.7%**	**73.4%**	**69.0%**	**71.2%**	**62.8%**	**63.1%**	**64.3%**	**66.7%**

Adult Services Directorate – Clinical Psychology Services – KPIs

	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR		APR 18	MAY
Direct Contacts (cum)	2511 (4598)	2830 (5341)	2227 (7568)	2369 (9937)	2710 (12647)	3046 (15693)	2661 (18345)	1978 (20323)	2638 (22961)	2715 (25676)	2753 (28429)		2459	2618 (5077)
Consultations (cum)	171 (263)	148 (411)	149 (560)	143 (703)	171 (844)	186 (1030)	184 (1114)	146 (1260)	134 (1394)	108 (1502)	134 (1636)		154	139 (293)
Supervision - Hours (cum)	162 (306)	156 (462)	146 (608)	156 (764)	247.5 (1011.5)	155 (1166.5)	168 (1334.5)	150 (1484.5)	171 (1655.5)	174 (1829.5)	182 (2011.5)		164	139 (303)
Staff training - Hours (cum)	113 (234)	136 (370)	87 (457)	82 (539)	116.5 (655.5)	116 (771.5)	107 (878.5)	106 (984.5)	125 (1109.5)	166 (1275.5)	127 (1402.5)		123	97 (220)
Staff training - Participants (cum)	410 (701)	563 (1264)	256 (1520)	156 (1676)	279 (1955)	383 (2338)	274 (2612)	231 (2843)	177 (3020)	363 (3383)	338 (3721)		191	123 (314)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Complaints Handling	How many complaints were received this month?	0	0	0	0	0	0	0	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 65%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	0	0	0	0	0	0	0

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance (n) = number on waiting list [n] = number waiting > 13 weeks	**63.1%** **(618)** **[228]**	**64.3%** **(687)** **[245]**	**66.7%** **(757)** **[252]**	
		Breaches	**Mar**	**Apr**	**May**	**Longest Wait (days)**
		Adult Mental Health	**105**	**118**	**158**	197
		Older People	**19**	**24**	**26**	347
		Adult Learn Dis	**23**	**25**	**18**	184
		Children's Learn Dis	**4**	**6**	**8**	181
		Adult Health Psych	**77**	**72**	**42**	399
		Children's Psych	0	0	0	56
		Total	**228**	**245**	**252**	

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (1)	100% (2)	100% (1)	100% (4)	100% (2)	100% (3)	100% (2)	**0% (1)**	100% (8)	100% (0)	100% (4)	100% (4)	100% (4)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	99% (1)	**94.4% (3)**	100% (0)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	**82.4% (3)**	**90.3% (3)**	100% (0)	**70% (6)**	**86.7% (2)**	100% (0)	**91.3% (2)**	95.5% (1)	**86.7% (2)**	96% (1)	100% (0)	**72.7% (6)**	**72.7% (5)**
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	**86.4% (3)**	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	**87% (3)**	100% (0)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	**74% (47)**	**86.3% (28)**	**85.9% (22)**	**75.7% (50)**	**90.6% (16)**	**85.3% (33)**	**52.1% (92)**	**86% (20)**	**79.8% (50)**	**80.6% (42)**	**88.2% (26)**	**80.5% (43)**	**82.7% (36)**
	All Family support initial assessment completed <10 days of allocation	**24%**	**32%**	**26.6%**	**33.3%**	**36.4%**	**34.3%**	**56.3%**	**47.1%**	**24.4%**	**21.1%**	**17.1%**	**25.9%**	95%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	**75% (17)**	**50.9% (28)**	**50% (20)**	**44.9% (27)**	**60.5% (17)**	**71.4% (12)**	**66.1% (20)**	**73% (10)**	**60.3% (23)**	**78% (11)**	**65.2% (16)**	**47.5% (34)**	**59.1% (18)**
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	100% (0)	100% (0)	100% (0)	98.3% (1)	**91.9% (3)**	**94.6% (2)**	95.7% (2)	96.4% (2)	100% (0)	100% (0)	98.1% (1)	100% (0)	100% (0)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	99.5% (1)	100% (0)	100% (0)	98.7% (2)	100% (0)	100% (0)	100% (0)	98.9% (1)	100% (0)	100% (0)	100% (0)	**93.9% (5)**	100% (0)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	Quarter 1 27		Quarter 2 19 (cum 46)			Quarter 3 18 (cum 64)			**Quarter 4 14 (cum 78)**				
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	146	159	178	155	146	172	189	237	202	223	272	227	316
Unallocated cases	Total number of unallocated cases **over 30 days** in Children's Services	109	123	88	120	113	132	161	188	161	165	209	173	256

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY 17	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	MAY
Fostering	Number of Mainstream Foster Carers	328	332	333	322	333	337	341	344	345	337	335	343	343
	Number of children with Independent Foster Carers	32	35	36	38	34	35	36	35	37	38	42	40	41
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	92.5%	93.8%	91.6%	93.3%	93.3%	92.9%	92.9%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	Quarter 1 93.1%		Quarter 2 92.9%			Quarter 3 93.8%			Quarter 4 91.8%				
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	51.4%	45%	46%	53.2%	51.7%	48.2%	**40.9%**	47.4%	**37%**	55.9%	70.9%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	249	242	266	236	252	271	292	317	332	356	436	368	455
	Family Centre Waiting List at month end	13	20	20	15	20	20	13	13	13	20	23	22	23
Care Leavers	At least 75% aged 19 in education, training or employment	78%	76%	77%	75%	76%	71%	71%	76%	78%	76%	81%	77%	77%

Ante-natal Contacts										
Reason / Month	**Accepted and Seen**	**%Antenatal contact recorded at first visit**	**Not Recorded**	**Accepted but not seen**	**Declined**	**Not Offered**	**Offered but No Response**	**UNK***	**Total in caseload**	**% Antenatal Contact Offered**
October 17	171	48.2%	26	7	36	23	69	23	355	93.5%
November 17	172	51.7%	14	13	35	17	60	22	333	94.9%
December 17	163	47.4	20	7	50	23	56	25	344	93.3%
January 18	117	37%	48	5	32	24	58	32	316	92.4%
February 18	162	55.9%	27	4	16	18	38	25	290	93.8%
March 18	246	70.9%	43	1	12	8	21	16	347	97.7%

Note: - * UNK - Health Visitor did not know mother was pregnant

CHILDREN'S SERVICES

Children's Services - Corporate Issues

Service Area	Indicator	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Complaints	How many complaints were received this month?	5	4	15	5	4	8	1	6	12	7	4	7	5
	What % were responded to within the 20 day target? (target 65%)	**0%**	**50%**	**20%**	**40%**	**0%**	**25%**	100%	**33%**	**8%**	**29%**	**0%**	**43%**	**0%**
	How many were outside the 20 day target?	5	2	12	3	4	6	0	4	11	5	4	4	5
Freedom of Information Requests	How many FOI requests were received this month?	3	3	4	0	1	1	2	6	1	3	3	2	3
	What % were responded to within the 20 day target? (target 100%)	**33%**	**67%**	**50%**	n/a	100%	100%	100%	**67%**	100%	100%	100%	100%	100%
	How many were outside the 20 day target?	2	1	2	0	0	0	0	2	0	0	0	0	0

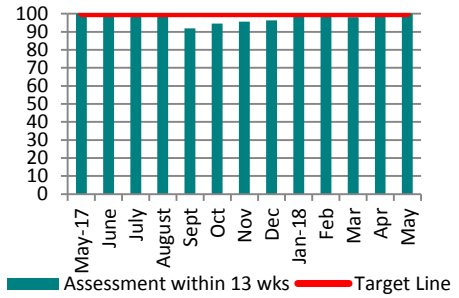
CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	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	100% (4)	100% (4)	100% (4)	
	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 15 children taken into care during November 2017. No children were for Respite/Shared Care and one was discharged Of the remaining 14 children, all had a permanence plan in place at the end of May 2018. % = % compliance n = number of children requiring a plan (n)= number of children without permanence plan within 6 months.	100% (0)	100% (0)	100% (0)	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	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% (58) [58]	100% (46) [46]	100% (61) [61]	
	All child protection referrals to be investigated and an initial assessment completed within 15 working days from the date of the original referral being received.	% = % compliance (n) = number initial assessments completed in month. [n] = number completed within 15 working days of original referral being received.	100% (60) [60]	100% (51) [51]	100% (61) [61]	
	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	100% (13) [13]	**72.7%** **(22)** **[16]**	**72.7%** **(18)** **[13]**	
	All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after.	% = % compliance (n) = number of initial assessments completed. [n] = number completed within 14 working days.	100% (20) [20]	100% (11) [11]	100% (21) [21]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	APR	
	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	**88.2%** **(221)** **[195]**	**80.5%** **(220)** **[177]**	**82.7%** **(168)** **[132]**	
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	**17.1%** **(70)** **[12]**	**25.9%** **(85)** **[22]**	95% (20) [19]	
	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.	**65.2%** **(46)** **[30]**	**47.5%** **(59)** **[25]**	**59.1%** **(44)** **[26]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st May 2018, 44 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 56 Days) % = compliance (n) = breaches	98.1% < 13 wks (1)	100% < 13 wks (0)	100% < 13 wks (0)	

CHILDREN'S SERVICES

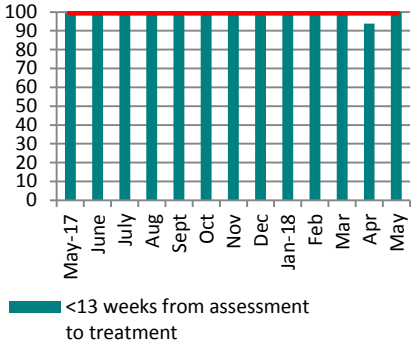
<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>MAR</th><th>APR</th><th>APR</th><th></th></tr>
<tr><td></td><td>No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.</td><td>31st May 2018 – 84 total waiters:-

<table><tr><td>0 – 4 wks</td><td>84</td></tr><tr><td>>4 – 8 wks</td><td>0</td></tr><tr><td>>8 – 13 wks</td><td>0</td></tr><tr><td>> 13 wks</td><td>0</td></tr><tr><td>Total</td><td>84</td></tr></table>
Longest wait = 21 days

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

(0)</td><td>93.9%

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

(0)</td><td> 
</td></tr>
<tr><td>Unallocated Cases</td><td>Monitor the number of unallocated cases in Children's Services</td><td>n = unallocated over 20 days
(n) = total awaiting allocation at 31st May 2018

<table><tr><td>Gateway</td><td>Disability</td><td>FIT</td><td>Total</td></tr><tr><td>158
(257)</td><td>39
(50)</td><td>119
(148)</td><td>316
(455)</td></tr></table></td><td>272

(436)</td><td>227

(368)</td><td>316

(455)</td><td><table><tr><th></th><th>Gateway</th><th>Disability</th><th>FIT</th><th>Total</th></tr><tr><td>< 1 wk</td><td>25</td><td>1</td><td>0</td><td>26</td></tr><tr><td>1-4 wks</td><td>74</td><td>10</td><td>29</td><td>113</td></tr><tr><td>4-8 wks</td><td>76</td><td>6</td><td>36</td><td>118</td></tr><tr><td>> 8 wks</td><td>82</td><td>33</td><td>83</td><td>198</td></tr><tr><td>Total</td><td>257</td><td>50</td><td>148</td><td>455</td></tr></table>
<table><tr><th>Area</th><th>Longest Wait</th></tr><tr><td>Gateway</td><td>198</td></tr><tr><td>Disability</td><td>210</td></tr><tr><td>FIT</td><td>168</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: 200 Individuals enrolled in the service by March 2018	38 enrolled in the service	56 enrolled in service	83 enrolled in service	58 enrolled in service	(discrepancy due to roll over from previous quarter)
		Target: 60% Quit rate at 4 weeks n = number quit at 4 wks % = Quit rate	39 clients quit at 4 weeks	37 clients quit at 4 weeks 66%	43 quit at 4 weeks (67%)	63 clients (discrepancy due to roll over from previous quarter)	
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: 143 enrolled in the service baseline n = number enrolled	42 enrolled in the service	51 enrolled in the service	36 enrolled in service	36 enrolled in service	
		Target: 60% Quit rate at 4 weeks (n) = number enrolled n = number quit at 4 wks % = Quit rate	26 quit at 4 weeks (62%)	43 quit at 4 weeks 84**%**	25 quit at 4 weeks (69%)	28 quit at 4 weeks (78%)	

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500	Q1 525	Q2 535	Q3 525	Q4 523	Overall recruitment of volunteers has increased by 15% compared to last year. This is not reflected on the baseline as it takes account of ended placements and shows the average number of active placements each quarter.
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	Q1 9	Q2 36	Q3 57	Q4 81	The number of younger volunteers recruited is 11% above our target set of 72. We have also increased the number of volunteers over the age of 25 years by 25%

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2017/18				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	By March 2018 demonstrate a 5% reduction on absenteeism from 2016-17. Target set at 6.37% for Trust.	2016-17 Year End absence was 6.70% (target 6.47%) HR to work collaboratively with the operational Directorates to address absence figures.	6.47 (cum)	5.94 (cum)	6.54% (cum)	**7.05% (cum)**	Q4: 2016-17 = 6.64% Q4: 2015-16 = 6.72% Q4: 2014-15 = Not Avail Q4: 2013-14 = Not Avail
Induction	By March 2018, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.		69% (cum)	79% (cum)	62% (cum)	**75% (cum)**	Q4: 2016-17 = 67% Q4: 2015-16 = 73% Q4: 2014-15 = 66% Q4: 2013-14 = 79%
KSF Appraisal	Improve take-up in annual appraisal of performance during 2017/18 by 5% on previous year – i.e. 50.5% by end March 18.	48% appraisal uptake at Year-end 2016-17 (target 44%) New recording mechanism allows for breakdown by Directorate and by named managers.	46% (cum)	47% (cum)	44% (cum)	**44% (cum)**	Q4: 2016-17 = 48% Q4: 2015-16 = 42% Q4: 2014-15 = 39% Q4: 2013-14 = 38%
KSF Appraisal	By March 2018 95% of medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. 95% appraisal uptake at Year-end 2016-17 (target 95%).	60%	89%	97%	98%	
Equality	To provide 'Working Well with Interpreters' training sessions for staff in LVH, UHD and Downpatrick during 2017-2018. Three sessions in each location.	The Trust ensures that all staff who require a face-to-face interpreter have access to, and are competent to use, the Regional Interpreting Service.	100%	100%	100%	100%	

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2017/18				TREND
			Q1	Q2	Q3	Q4	
	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%	Quarterly Screening Report published on Trust website.
Bank	By April 18 reduce Agency Usage within all Corporate Bank Users to 12% and increase Bank usage to 88%	At Year-end 2016-17: 86% Bank, 14% Agency	86% Bank/ 14% Agency	87% Bank/ 13% Agency	87% Bank/ 13% Agency	**87% Bank 13% Agency**	
	By March 18 to increase the Users of the Corporate Bank Service by 25%	At Year-end 2016-17: 48% increase new users.	14% increase in new Users	3% increase in new users (cum 17%)	2% increase in new users (cum 19%)	6% increase in new users (cum 25%)	Starting Point 194 units using Corporate Bank. End Q1 221 users End Q2 227 users End Q3 230 users End Q4 245 users Over course of year have increased users of service by 25%
HRPTS	By end December 2017 all medical staffing recruitment to be processed through the eRecruitment system.	There has been limited progress on evolving the use of HRPTS in Medicine & Surgery. Follow up meetings have been arranged with Senior Management, the objective is to achieve full usage of HRPTS/erec system by January 18 Difficulties have been encountered with the use of erec system within Psychiatry. Work is on-going to identify and correct system errors.	30%	30%	30%	**15%**	

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2017/18				TREND
			Q1	Q2	Q3	Q4	
	100% of HRPTS users to be accessing payslips online by June 17 (excludes special provisions for L-Term leave, etc.)	62% of the Trust are paperless with 38% still receiving paper payslips, this means that 73% of the staff deployed to have had their paper payslips turned off. The delay in turning off payslips has been caused by system issues, the delay in the password reset functionality and the multiple contracts issue.	62%	83%	80%	**85%**	
Staff Well-Being	To increase the number of staff engaging in the physical activity programmes by 5% year on year.	Base line figures 2016/17 = 2,977 (Figures do not include Ulster hospital Site as this was an new initiative commencing Oct 2016)	2802 staff participated in weekly or one off initaitives 243 Staff attended Health Checks	864 staff participated in Physical activity programmes 72 staff attended Health Checks	1,431 staff participated in PA 85 staff attended health checks	1,181 attended Physical activity programmes 84 staff attended health checks	6278 staff attended physical activity programmes in year 484 Staff attended health checks in year
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31st March 2018	The Trust is on target to achieve financial breakeven for the 17-18 Financial year. The Trust is reporting a small surplus of £74K subject to external audit.					

PERFORMANCE IMPROVEMENT TRAJECTORIES

Performance Improvement Trajectories

Hospital Services

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position May	Actual Position May 18
Cancer 14 days (%)	100	99	100	100
Cancer 31 days (%)	95	93	94	92
Cancer 62 days (%)	51	45	55	55
Fracture Neck of Femur (%)	66	68	50	62
IPDC Core Elective (%)	-2.6	-2.4	0	18
Endoscopy Core Elective (%)	-10	-6.0	-1.9	18
NOP Core (%)	-3.3	-3.2	0	1.5

Performance Improvement Trajectories

Diagnostics- Projected Breaches of 9 weeks			Predicted Position May	Actual Position May 18
Radiology			3066	2780
Audiology			960	1295

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position May	Actual Position May 18
Psychological Therapies	228	650	264	252