

Integrated Performance Management & Accountability Framework

Corporate Scorecard

April 2018

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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 indicators 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	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
		PfG	Programme for Government
		PMSID	Performance Management & Service Improvement Directorate (at Health & Social Care Board)
ERCP	Endoscopic Retrograde Cholangiopancreatography		
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
liP	Investors in People	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

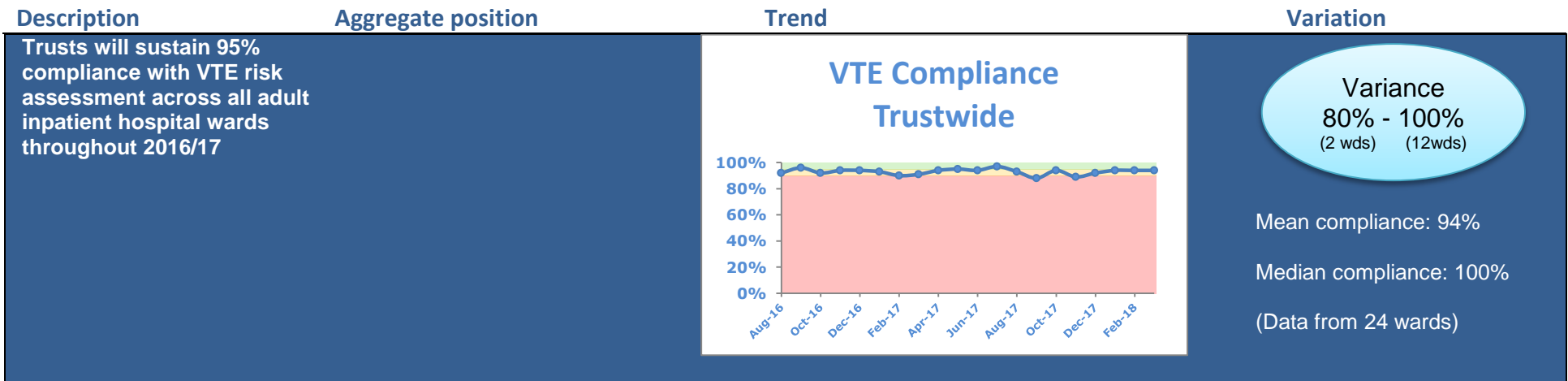
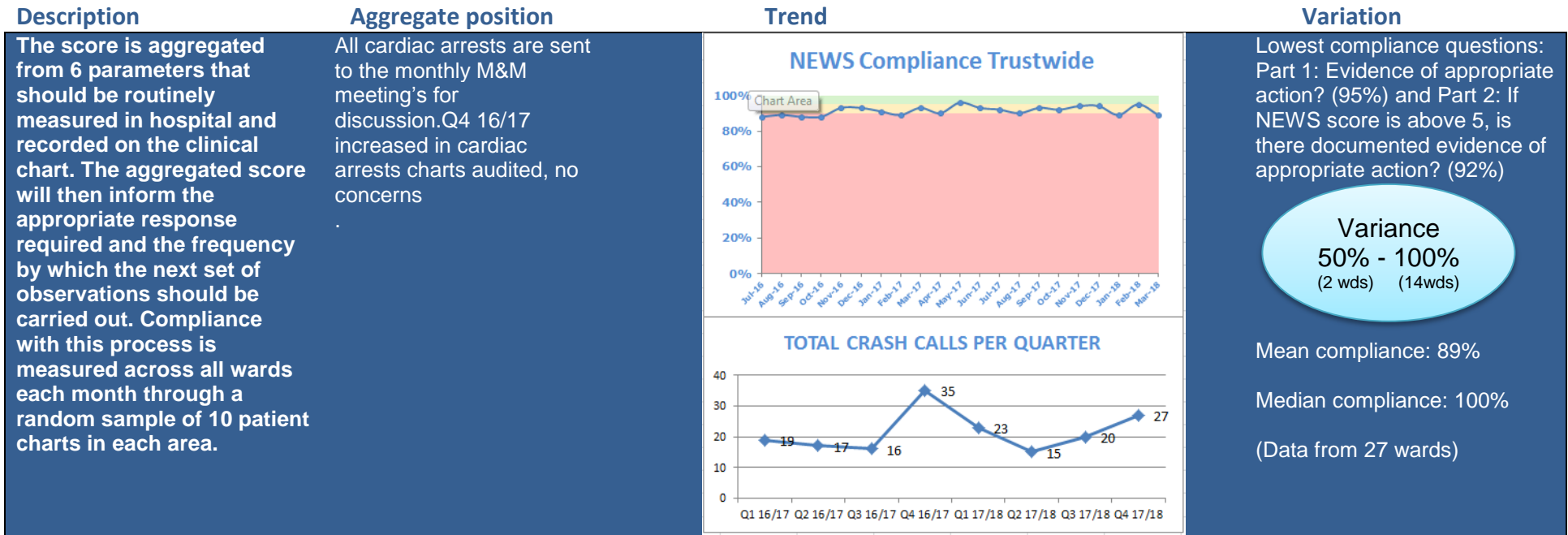
Memory Clinics

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 30.04.2018

SAFE AND EFFECTIVE CARE

April 2018

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 30.04.2018



SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 30.04.2018

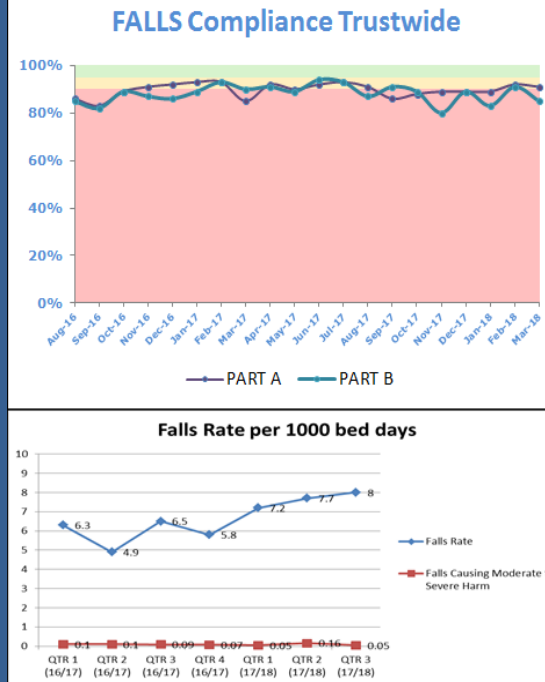
Description

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

See chart with falls rate per 1000 bed days. QTR 4 figures not yet available from PHA.

Trend



Variation

Lowest compliance questions:
 Part A: 'Urinalysis performed' 93%
 Part B: 'Lying & Standing BP' 92%

Variance
 20% - 100%
 (2 wd) (11 wds)

Mean overall compliance: 79%

Median compliance: 100%

(Data from 24 wards)

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 30.04.2018

Description	Aggregate position	Trend	Variation
<p>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</p> <p>Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days</p>	<p>Pressure Ulcers reported in 2017/18 there were:</p> <ul style="list-style-type: none"> • 69 Grade 2 • 18 Grade 3 • 21 Grade 4 and above 	<p>Skin Bundle Compliance Trustwide</p> <p>Number of Reported Pressure Ulcers</p>	<p>Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 93%</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: fit-content; margin: 10px auto;"> <p>Variance 60% - 100% (2 wd) (13wds)</p> </div> <p>Mean compliance: 89% Median compliance: 100%</p> <p>(Data from 22 wards)</p>

SAFE & EFFECTIVE CARE

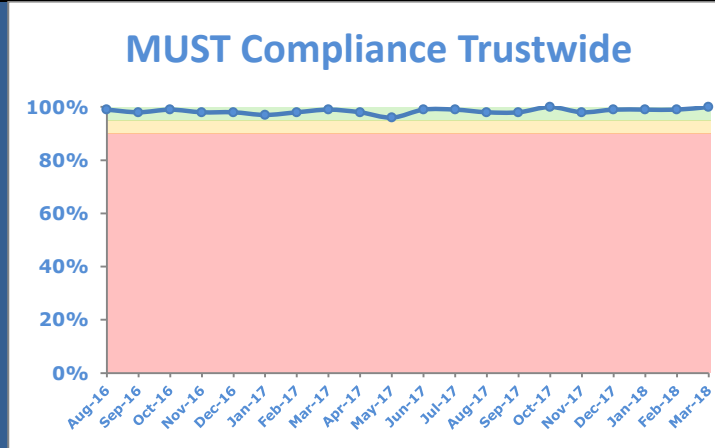
Description

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

Variance
90% - 100%
(1 wd) (28wds)

Mean compliance: 100%

Median compliance: 100%

(Data from 29 wards)

Description

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

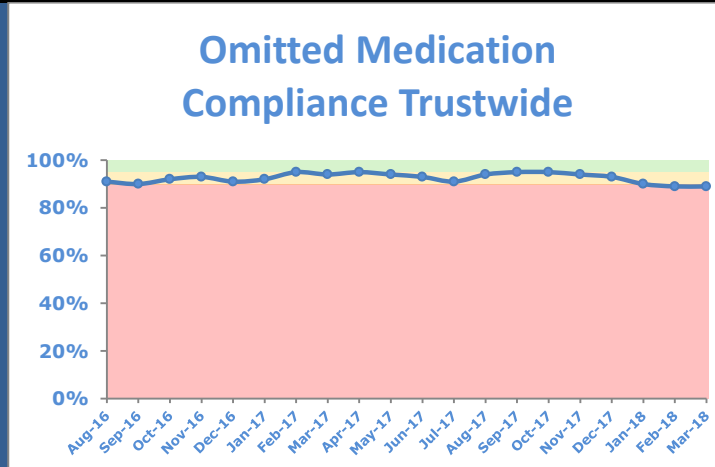
Aggregate position

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

Trend



Variation

Variance
60% - 100%
(1 wds) (11wds)

Mean compliance: 89%

Median compliance: 90%

(Data from 28 wards)

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%	<p>Legend: ■ SET (dark teal) ■ UH (red) ■ LVH (green) ■ DH (purple) — Regional Target (red line)</p>
			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

TITLE	Target	NARRATIVE	PERFORMANCE			TREND									
			FEB	MAR	APR										
HCAI	<p>By March 2018, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16</p> <p>There is not yet an updated target for 18/19.</p>	<table border="1"> <thead> <tr> <th></th> <th>2017/2018 Target</th> <th>2018/2019 Target</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td style="background-color: red;">Target<49</td> <td></td> </tr> <tr> <td>MRSA</td> <td style="background-color: green;">Target<6</td> <td></td> </tr> </tbody> </table>		2017/2018 Target	2018/2019 Target	C Diff	Target<49		MRSA	Target<6		<p>C Diff</p> <p>2</p> <p>(cum 54)</p>	<p>C Diff</p> <p>5</p> <p>(cum 59)</p>	<p>C Diff</p> <p>5</p> <p>(cum 5)</p>	
			2017/2018 Target	2018/2019 Target											
C Diff	Target<49														
MRSA	Target<6														
<p>Of the 5 C Diff cases in 18/19, 2 were within 72 hours of admission, with 3 later than 72 hours from admission.</p> <p>Of the 1 MRSA Cases, 1 was within 48 hours of admission, with none later than 48 hours of admission.</p>	<p>MRSA</p> <p>2</p> <p>(cum 5)</p>	<p>MRSA</p> <p>0</p> <p>(cum 5)</p>	<p>MRSA</p> <p>1</p> <p>(cum 1)</p>												

SECTION 2

**PERFORMANCE AGAINST COMMISSIONING PLAN
TARGETS**

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	
Outpatient waits	Min 50% <9 wks for first appt	24.2%	23.2%	23.7%	21.9%	20.8%	21.3%	22.1%	21.5%	19.2%	18.5%	19.7%	21.1%	21.3%	
	All <52 wks	79.3%	77.7%	75.5%	73.8%	71.9%	70.9%	70.1%	69.3%	68.1%	67.6%	67.2%	65.8%	65.3%	
Diagnostic waits	Imaging 75% <9 wks	70.2%	69%	72.0%	70.8%	67.5%	69.8%	69.8%	73.1%	70.0%	69.7%	72.3%	71.4%	68.5%	
	Physiological Measurement <9 wks	66.6%	64.7%	64.9%	65%	62.6%	62.5%	65.2%	63.2%	58.9%	59.4%	62.1%	69.9%	60.4%	
	Diag Endoscopies	< 9 wks < 13 wks	46.5% 58.7%	44% 59%	43% 62%	39% 62%	37% 60%	35% 58%	37% 60%	38% 62%	35% 63%	36% 59%	36% 62%	35% 55%	36% 53%
Inpatient & Daycase Waits	Min 55% <13 wks	49%	48%	47%	45%	44%	41%	45%	46%	44%	45%	44%	44.5%	44%	
	All <52 wks	89%	88%	87%	87%	87%	86%	85%	85%	84%	84%	84%	83%	82%	
Diagnostic Reporting	Urgent tests reported <2 days	92.5%	95.6%	96.1%	95.3%	95%	92.6%	91%	92.4%	91.8%	92.4%	90.8%	91%	91%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	78.1%	79.6%	81.3%	83.3%	79.9%	78.7%	76%	78%	70.2%	71.6%	71.5%	69.3%	74.8%
		12hr breaches	204	183	120	110	186	250	421	303	706	800	784	848	462
	UHD	4hr performance	67.3%	66.6%	71.8%	75.2%	69.1%	67.6%	64.3%	66.2%	59.1%	58.8%	59.9%	56.2%	62.3%
		12hr breaches	203	177	104	108	185	249	403	300	642	732	724	726	436
	LVH	4hr performance	89.7%	89.7%	88.8%	92.2%	91.0%	88.8%	88%	89.8%	80.4%	80.2%	77.9%	76.1%	82.3%
		12hr breaches	0	2	0	0	0	0	1	0	24	40	26	57	20
	DH	4hr performance	93.2%	93.1%	92.8%	92.9%	93.7%	93.7%	90.6%	92.6%	85.7%	87.4%	88.2%	86.9%	92.8%
		12hr breaches	1	4	16	2	1	1	17	3	40	28	34	65	6
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	87.7%	85.1%	86.9%	90.6%	88.9%	87.1%	87.6%	87.3%	84.7%	86.8%	82.9%	81.2%	87.3%	
Non Complex discharges	ALL <6hrs	86.8%	84.7%	86.8%	88%	88.2%	86.7%	88%	87.9%	87.1%	89.1%	87.8%	88.8%	88.2%	
Hip Fractures	>95% treated within 48 Hours	79%	58%	59%	48%	95%	74%	64%	48%	66%	64%	65%	62%	56%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis	17.2%	22.7%	20.8%	14.3%	11.1%	14.3%	8.1%	16.6%	20%	16.3%	5.2%	10.7%	18.4%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	50%	53%	54%	50%	50%	44%	46%	45%	53%	54%	51%	66%	59%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)	100% (0) 14	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%
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)	93% (6)	95% (6)	97% (5)	96% (4)	95% (6)	93% (7)	92% (10)	94% (6)	95% (6)	97% (4)	97% (4)	98% (3)	96% (6)	96%
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	88% (2)	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	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR		
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	94.2%	97.7%	97.4%	97.9%	94.9%	95.1%	95.1%	95.9%	97.4%	95.1%	96.4%	96.7%	95%		
	% routine tests reported <28 days (Target formerly 100%)	97%	99.5%	99%	98.6%	96.8%	97.5%	99.9%	97.6%	97.8%	96.1%	98.9%	97.9%	96.9%		
% Operations cancelled for non-clinical reasons	April 18 – LVH 11 Anaesthetist Unavailable and 8 Surgeon Unavailable	SET	1.9%	1.5%	1.7%	1.2%	0.8%	2.7%	0.9%	1.1%	1.6%	1.5%	1.3%	1.8%	1.8%	
		UHD	3.6%	2.7%	1.8%	1.4%	1.2%	1%	1.4%	1.2%	1.8%	1.3%	1%	2%	1.8%	
		AR	0.2%	1.9%	1.4%											
		LVH	0.8%	0.3%	1.3%	1.3%	0.4%	7.1%	0.4%	0.1%	0.3%	1.8%	2.2%	1.1%	2.8%	
		DH	0.6%	0.4%	2.1%	0.5%	0.3%	1.1%	0.4%	2.5%	3.2%	1.5%	1.1%	1.9%	0.4%	
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 43%	Cum 47%	Cum 47%	Cum 49%	Cum 51%	Cum 52%	Cum 52%	Cum 54%	Cum 54%	Cum 56%					
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 78.9%	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%					
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	11453	12783	12145	11794	12167	11826	12215	11845	11586	11302	10512	12357	11574		
	Ulster Hospital	7785	8466	8085	8066	8127	7925	8231	8022	7870	7397	6905	8106	7699		
	Lagan Valley Hospital	1794	2238	2146	1887	2090	2035	2080	2055	1887	2038	1926	2245	2042		
	Downe Hospital (inc w/end minor injuries)	1874	2079	1914	1841	1950	1866	1904	1768	1829	1867	1681	2006	1833		
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	9.4%	9.4%	9.5%	9.6%	9.6%	9.3%	10.1%	10%	11.1%	10.6%	9.5%	11.2%	9.7%		
	By March 2018, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	21.1%	23.6%	9.8%	26.6%	24.4%	21.3%	10.1%	0.8%	23.5%	7.8%	7.3%	-5.8%	-6.2%		
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	4560	5615	5563	4605	5467	5185	5780	5802	4436	5552	5457	5876	5520		
Stroke	No of patients admitted with stroke	29	44	48	28	36	35	37	36	45	43	38	28	38		
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	48.3% (248)	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)	
		Ophth	38.7% (416)	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)	

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.0	5.7	5.7	5.7	5.7	5.9	5.9	6.1	6.6	7.0	7.2	7.0	6.6
	Ave LOS trimmed	4.6	4.5	4.5	4.4	4.5	4.7	4.8	4.7	5.2	5.6	5.6	5.5	5.1
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	8.8	10	10	11.4	9.9	11.2	12.2	12.7	12.2	12	11.3	10.3	10.5
	Ave LOS trimmed	7.4	7.1	7	7.8	6.3	7.7	8.1	7	7.5	7	7.2	7.1	6.1
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	79.2%	76.3%	78.4%	78.4%	81.2%	79.5%	78.1%	69.4%	64.6%	73.4%	74.1%	74.8%	80.4%
	% NEW attendances who left without being seen (Target < 5%)	2.7%	3%	2.8%	2.8%	2.6%	3.2%	2.8%	2.4%	3.3%	2.7%	3%	3.7%	2.3%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.7%	2.7%	2.7%	2.3%	3%	2.1%	2.5%	2.8%	2%	2.4%	2.1%	2.5%	2.7%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	52.7%	48.7%	47.4%	55.6%	55%	52.1%	50%	49.7%	43%	51.7%	43.7%	42.6%	49.7%

Hospital Services – Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR
Complaints	How many complaints were received this month?	37	28	39	33	31	34	39	31	43	20	45	27	35
	What % were responded to within the 20 day target? (target 65%)	35%	39%	46%	67%	26%	56%	51%	48%	35%	35%	36%	33%	34%
	How many were outside the 20 day target?	24	17	19	11	23	15	19	16	28	13	29	18	23
Freedom of Information Requests	How many FOI requests were received this month?	13	12	5	7	6	15	4	13	13	9	13	11	6
	What % were responded to within the 20 day target? (target 100%)	85%	58%	100%	86%	67%	93%	75%	77%	100%	100%	92%	73%	83%
	How many were outside the 20 day target?	2	5	0	1	2	1	1	3	0	0	1	3	1

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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</p>	19.7%	21.1%	21.3%	
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.	<p>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 <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>	72.3%	71.4%	68.5%	
			<p>Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.</p>	62.1%	69.9%	
	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.	<p>Diagnostic Endoscopies Inpatient / Day Case (9 wk target) (this is a subset of the Day-case target reported overleaf)</p>	36%	35%	36%	
			<p>[61336]</p> <p>[49232]</p> <p>{20105}</p>	<p>[61811]</p> <p>[48740]</p> <p>[21112]</p>	<p>[62697]</p> <p>[49355]</p> <p>[21729]</p>	
			<p>(1700)</p> <p>{358}</p>	<p>(1453)</p> <p>{308}</p>	<p>(2150)</p> <p>{525}</p>	
			<p>[3382]</p> <p>(2159)</p>	<p>[3294]</p> <p>(2143)</p>	<p>[3443]</p> <p>(2205)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	59% [997] (409)	55% [1015] (452)	53% [1042] (487)	
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% (5700)	44.5% (5592)	44% (5792)	
		All Specialties – 52 wk target % = % waiting < 52 weeks (n) = breaches (52 wks)	84% (1681)	83% (1715)	82% (1802)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In March 2018, 1671 total urgent tests reported , 1520 were reported in < 2 days</p> <p>(n) = breaches > 2 days</p> <p>[n] = total urgent tests</p>	<p>90.8%</p> <p>(140)</p> <p>[1526]</p>	<p>91%</p> <p>(151)</p> <p>[1671]</p>	<p>91%</p> <p>(146)</p> <p>[1672]</p>	
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>12166</p> <p>[8704]</p> <p>71.5%</p> <p>(784)</p>	<p>SET</p> <p>14161</p> <p>[9812]</p> <p>69.3%</p> <p>(848)</p>	<p>SET</p> <p>13480</p> <p>[10087]</p> <p>74.8%</p> <p>(462)</p>	
			<p>UH</p> <p>6905</p> <p>[4068]</p> <p>59.9%</p> <p>(724)</p>	<p>UH</p> <p>8106</p> <p>[4557]</p> <p>56.2%</p> <p>(726)</p>	<p>UH</p> <p>7699</p> <p>[4799]</p> <p>62.3%</p> <p>(436)</p>	
			<p>LVH</p> <p>1926</p> <p>[1500]</p> <p>77.9%</p> <p>(26)</p>	<p>LVH</p> <p>2245</p> <p>[1708]</p> <p>76.1%</p> <p>(57)</p>	<p>LVH</p> <p>2042</p> <p>[1681]</p> <p>82.3%</p> <p>(20)</p>	
			<p>DH</p> <p>1681</p> <p>[1482]</p> <p>88.2%</p> <p>(34)</p>	<p>DH</p> <p>2006</p> <p>[1743]</p> <p>86.9%</p> <p>(65)</p>	<p>DH</p> <p>1833</p> <p>[1701]</p> <p>92.8%</p> <p>(6)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	<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>	87.8%	88.8%	88.2%	
			2445	2853	2661	
			(299)	(319)	(313)	
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>	65%	62%	56%	
			37	26	27	
			(24)	(16)	(15)	
			[13]	[10]	[12]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis.	<p>% = % treated with thrombolysis</p> <p>n = number treated with thrombolysis</p> <p>(n) = number confirmed Ischaemic strokes</p>	<p>5.2%</p> <p>2</p> <p>(38)</p>	<p>10.7%</p> <p>3</p> <p>(28)</p>	<p>18.4%</p> <p>7</p> <p>(38)</p>	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.	<p>There were 56 SET CBYL referrals received during April 2018. 23 were assessed. 14 declined service. 6 were followed up by other known key workers. The remaining 13 were CBYL referrals from other Trust and were referred to other Trusts. No breaches.</p> <p>% = percentage compliance</p> <p>(n) = number of people who presented with self-harm</p> <p>[n] = number of breaches</p>	<p>100%</p> <p>(28)</p> <p>[0]</p>	<p>100%</p> <p>(64)</p> <p>[0]</p>	<p>100%</p> <p>(56)</p> <p>[0]</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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</p> <p>n = number of patients seen</p> <p>(n) = breaches</p> <p>In Apr 2018, 74.5 patients were seen.</p> <p>There were 30.5 breaches involving 40 patients, of whom 19 were shared</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Mar was 66%, 62.5 seen (21.5), now 62%, 77.5 seen (29.5)</p> <p>Feb was 51% 60 seen (29.5), now 53%, 64.5 seen (30)</p>	53%	62%	59%	<p>62 Day Target Target Line</p>
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	<p>% = % referrals seen within 14 days</p> <p>[n] = number of referrals received</p> <p>n = number of completed referrals</p> <p>(n) = breaches</p> <p>{n} = longest wait in days</p>	100%	100%	100%	
Cancer Services	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	<p>% = % who began treatment within 31 days</p> <p>n = number of patients</p> <p>(n) = breaches</p>	97%	98%	96%	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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	7.3%	-5.8%	-6.2%	Target - reduce number hospital cancellations by 20%. Target 1604 or less per month.
			1858	2121	2128	
			254	517	524	
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%	100%	100%	
			(5)	(3)	(4)	
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches	57%	46%	52.9%	
			(16)	22	(17)	
			[6]	[12]	[9]	

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	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	
Allied Health Professions waits	All < 13 weeks	93.7%	92.6%	92.0%	91.6%	90.9%	91.9%	93.9%	94.3%	92.6%	92.6%	93.1%	97.6%	95.7%	
Complex Discharges	Min. 90% <48hrs (SET TOR)	77.4%	79.5%	72.9%	73.4%	76.8%	76.4%	74.6%	86%	83.4%	78.4%	77%	77.5%	79.7%	
	Min. 90% <48hrs (SET in SET beds)									99.8%	86.6%	78%	71.2%	72.5%	73.4%
	Min. 90% <48hrs (All in SET beds)	70.6%	76.5%	67.5%	70.1%	72.7%	74.4%	66.8%	75.4%	77.6%	71%	67.2%	69.5%	75.7%	
	Number complex discharges	330	361	381	371	366	344	340	403	426	498	363	410	406	
	ALL <7days	92.6%	95%	87.9%	70.1%	89.3%	90.4%	84.1%	88.3%	90.8%	89.9%	88.7%	87.8%	89.4%	
	SET and Other TOR	94.8%	98.6%	91.8%	92%	95.4%	94.3%	90.4%	93.3%	94.3%	94.2%	92.4%	90.5%	91.1%	
	Belfast TOR	85.7%	83.1%	77%	68.1%	68.7%	74.2%	65.5%	73.3%	80.6%	75.7%	74.7%	78.7%	83.9%	
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	81%	83%	82%	86%	84%	83%	87%	84%	78%	80%	81%	78%	83%	
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	64.8% (135)	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)	
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	621	694	839	923	982	1036	1087	1145	1174	1185	1203	1557	1584	
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)	105	104	106	109	110	106	126	127	127	131	132	132	130	
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	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	
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)	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)	
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 (prev 18 wks until april 16). (n) = breaches	<9 wks	64.1% (313)	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)
		<52wks	100% (0)	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)

Directorate KPIs & SQE Indicators

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

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

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

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																
			FEB	MAR	APR																																	
AHP Waits	<p>No patient to wait longer than 13 weeks from referral to commencement of treatment</p>	<p>At 30th April 2018 of 10157 patients on the AHP waiting list, 435 are waiting longer than 13 weeks.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <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>5622</td> <td>230</td> <td style="background-color: #ffff00;">95.9%</td> </tr> <tr> <td>OT</td> <td>1450</td> <td>93</td> <td style="background-color: #ff0000;">93.6%</td> </tr> <tr> <td>Orthoptics</td> <td>299</td> <td>1</td> <td style="background-color: #ffff00;">99.7%</td> </tr> <tr> <td>Podiatry</td> <td>1017</td> <td>12</td> <td style="background-color: #ffff00;">98.8%</td> </tr> <tr> <td>Adults S&LT</td> <td>472</td> <td>79</td> <td style="background-color: #ff0000;">83.3%</td> </tr> <tr> <td>Childrens S&LT</td> <td>382</td> <td>9</td> <td style="background-color: #ffff00;">97.6%</td> </tr> <tr> <td>Dietetics</td> <td>913</td> <td>11</td> <td style="background-color: #ffff00;">98.8%</td> </tr> </tbody> </table> <p style="text-align: center;">[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >13 wks	Compliance	Physio	5622	230	95.9%	OT	1450	93	93.6%	Orthoptics	299	1	99.7%	Podiatry	1017	12	98.8%	Adults S<	472	79	83.3%	Childrens S<	382	9	97.6%	Dietetics	913	11	98.8%	<p>93.1% [9427] (642)</p>	<p>97.6% [9819] (240)</p>	<p>95.7% [10157] (435)</p>	<p style="text-align: center;">13 Week Target Line</p>
Service	No on W/L	Waiting >13 wks	Compliance																																			
Physio	5622	230	95.9%																																			
OT	1450	93	93.6%																																			
Orthoptics	299	1	99.7%																																			
Podiatry	1017	12	98.8%																																			
Adults S<	472	79	83.3%																																			
Childrens S<	382	9	97.6%																																			
Dietetics	913	11	98.8%																																			
Complex Discharges	<p>90% of complex discharges should take place within 48 hours.</p>	<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>Feb was 77.5% (67) now 79.8% (61) Mar was 77.5% (78) now 78.9% (76)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	<p>79.8% (61)</p>	<p>78.9% (76)</p>	<p>79.7% (60)</p>	<p style="text-align: center;">SET Resident All in SET Beds Target Line</p>																																

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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>Feb was 67.2% (363) now 70.1% (385) Mar was 69.5% (410) now 74.8% (465)</p>	<p>70.1%</p> <p>(385)</p> <p>>48 hrs By Trust of res</p> <p>SET 73 BT 37 NT 3 ST 1 NA 1</p>	<p>74.8%</p> <p>(465)</p> <p>>48 hrs By Trust of res</p> <p>SET 80 BT 35 NT 0 ST 1 NA 1</p>	<p>73.4%</p> <p>(406)</p> <p>>48 hrs By Trust of res</p> <p>SET 73 BT 32 NT 1 ST 2</p>	
			<p>75%</p> <p>313</p> <p>(78)</p>	<p>77.5%</p> <p>365</p> <p>(82)</p>	<p>75.7%</p> <p>313</p> <p>(76)</p>	
Complex Discharges	90% of complex discharges should take place within 48 hours.	<p>All qualifying SET (and Other) patients in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 48hrs.</p> <p>Revisions post validation:-</p> <p>Feb was 71.9% 288 (81) now 75% 313 (78) Mar was 72.5% 316 (87) now 77.5% 365 (82)</p>	<p>75%</p> <p>313</p> <p>(78)</p>	<p>77.5%</p> <p>365</p> <p>(82)</p>	<p>75.7%</p> <p>313</p> <p>(76)</p>	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying patients (any Trust of Residence) in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p> <p>Feb was 88.7% 363 (41) now 89.4% 385 (41) Mar was 87.8% 410 (50) now 89.2% 465 (50)</p>	<p>89.4%</p> <p>385</p> <p>(41)</p> <p>SET 19 BT 19 NT 1 ST 1 NA 1</p>	<p>89.2%</p> <p>465</p> <p>(50)</p> <p>SET 28 BT 21 ST 1</p>	<p>89.4%</p> <p>406</p> <p>(43)</p> <p>SET 26 BT 15 ST 2</p>	<p>Legend: SET Residents (Teal bars), Target Line (Red line)</p>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying SET and other Trust of Residence patients in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p> <p>Feb was 92.4% 288 (22) now 93% 313 (22)</p> <p>Mar was 90.5% 316 (30) now 92.1% 365 (29)</p>	93%	92.1%	91.1%	
			313	365	313	
			(22)	(29)	(28)	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying Belfast Trust Residents in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions post validation:-</p> <p>Feb was 74.7% 75 (19) now 73.6% 72 (19)</p> <p>Mar was 78.7% 94 (20) now 79% 100 (21)</p>	73.6%	79%	83.9%	
			72	100	93	
			(19)	(21)	(15)	

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

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN	FEB	MAR	
Long-Term Conditions	By March 2018, 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 MCDs 6917 92%	In Month MCDs 6246 83%	In Month MCDs 6842 91%	The number of patients benefiting from remote telecare monitoring = 221 clients (1 lower than previous month).
			Cum MCDs 82819 110%	Cum MCDs 89065 108%	Cum MCDs 95907 106%	

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	81%	83%	82%	86%	84%	83%	87%	84%	78%	80%	81%	78%	83%	
	Total Number of Urgent Calls	1310	1152	828	992	960	1001	1038	1137	1725	1251	1045	1318	1050	
	Urgent Calls within 20 minutes	1061	958	681	848	804	832	899	959	959	1346	999	845	1033	876
	100% of less urgent calls triaged within 1 hour	66%	65%	76%	76%	74%	72%	74%	68%	47%	60%	60%	61%	68%	
	Total Number of Routine Calls	7589	6609	5388	5930	5446	5615	5815	5813	5813	8770	7143	5697	7028	7589
	Routine calls within 1 hour	5028	4542	4118	4530	4023	4040	4316	3916	3916	4156	4256	3416	4315	5028

ADULT SERVICES

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
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	13	17	19	19	19	19	19	19	19	19	19	45
Adult MH Services waits	All < 9 weeks	100%	100%	100%	100%	100%	99.7%	99.4%	100%	95.8%	93.5%	92.9%	93.2%	94.8%
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	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	8	8	3	3	7	4	4	6	7	5	6	11	7
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	98.3%	100%	100%	100%	100%	98%	100%	98%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Mental Health	By March 2018, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	11	10	10	9	9	9	13	14	14	14	15	15	15

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

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

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Waiting Times For Assessment And Treatment	No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services.	<p>% = % compliance</p> <p>(n) = number on waiting list</p> <p>[n] = number waiting > 9 weeks</p>	<p>92.9%</p> <p>649</p> <p>[46]</p>	<p>93.2%</p> <p>633</p> <p>[43]</p>	<p>94.8%</p> <p>730</p> <p>[38]</p>	<p>In relation to the breaches, the reasons are multifactorial which include:</p> <ul style="list-style-type: none"> 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 April 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 7 delayed discharges in April 2018. The availability of suitable accommodation is the difficulty in facilitating the discharge.	6	11	7	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 57 SET discharges in April 2018, for follow up within 7 days.	98%	100%	98%	There were 57 SET discharges in April. All were offered 7 day follow up. 2 DNA'd. 1 was cancelled due to sick leave and re booked and then attended.

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
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	8	9	11	10	8	8	6	3	3	4	5	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.	391	402	482	594	615	631	644	664	678	690	731	745	852
Direct Payments	By March 2018, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	632	637	645	651	654	666	688	698	703	716	730	740	739

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
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	228	229	234	237	238	241	226	235	234	237	245	243	243
	By March 2018, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	289	292	295	296	297	310	323	322	328	334	338	350	351
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	1 (cum 1)	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)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	100%	96.5%	96.5%	96.3%	93.5%	93.8%	95%	96.6%	98.2%	97.7%	93.4%	95.7%

		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)	4 th Quarter 98 (cum 387)	1 st Quarter 97 (cum 97)	2 nd Quarter 67 (cum 164)	3 rd Quarter 92 (cum 256)	4 th Quarter 90 (cum 346)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	4 th Quarter 61 (cum 275)	1 st Quarter 85	2 nd Quarter 76 (cum 161)	3 rd Quarter 43 (cum 204)	4 th Quarter 45 (cum 249)
	Carers Assessments (Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	4 th Quarter 33 (cum 106)	1 st Quarter 17	2 nd Quarter 12 (cum 29)	3 rd Quarter 45 (cum 74)	4 th 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, 911 hrs / quarter)	4 th Quarter 9163.0 Hours (cum 31175.7 Hrs)	1 st Quarter 8884.9 Hours	2 nd Quarter 9487.0 Hours (cum 18371.9 Hrs)	3 rd Quarter 21267 Hours (cum 39638.9 Hrs)	4 th 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	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR
Complaints Handling	How many complaints were received this month?	0	1	3	1	1	2	2	0	0	2	2	0	2
	What % were responded to within the 20 day target? (target 65%)	n/a	100%	100%	100%	100%	0%	100%	n/a	n/a	0%	50%	n/a	50%
	How many were outside the 20 day target?	0	0	0	0	9	2	0	0	0	2	1	0	1
Freedom of Information Requests	How many FOI requests were received this month?	1	1	0	1	0	1	0	0	0	0	1	1	0
	What % were responded to within the 20 day target? (target 100%)	100%	0%	n/a	0%	n/a	100%	n/a	n/a	n/a	n/a	0%	100%	n/a
	How many were outside the 20 day target?	0	1	0	1	0	0	0	0	0	0	1	0	0

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			FEB	MAR	APR																												
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 5 people awaiting discharge, 4 of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	5 (5)	6 (6)	6 (6)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> </tr> </thead> <tbody> <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>1</td> <td>2</td> <td>1</td> </tr> <tr> <td>91-365</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>>365</td> <td>3</td> <td>4</td> <td>4</td> </tr> <tr> <td>Total</td> <td>5</td> <td>6</td> <td>6</td> </tr> </tbody> </table>	Delay in days	Feb	Mar	Apr	0-7	0	0	0	8-28	0	0	0	29-90	1	2	1	91-365	1	0	1	>365	3	4	4	Total	5	6
Delay in days	Feb	Mar	Apr																														
0-7	0	0	0																														
8-28	0	0	0																														
29-90	1	2	1																														
91-365	1	0	1																														
>365	3	4	4																														
Total	5	6	6																														
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 (two people are receiving active treatment)	3 people remain to be resettled (two people are 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	373	380	395																												
		Learning Disability	358	365	446																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	99.4% (2)	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	98.9% (3)	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)
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	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR
Complaints Handling	How many complaints were received this month?	6	7	6	3	2	3	0	2	4	3	6	1	5
	What % were responded to within the 20 day target? (target 65%)	100%	100%	100%	0%	100%	67%	n/a	100%	100%	100%	67%	100%	100%
	How many were outside the 20 day target?	0	0	0	3	0	1	0	0	0	0	2	0	0
Freedom of Information Requests	How many FOI requests were received this month?	1	0	1	1	0	1	2	0	0	0	0	0	0
	What % were responded to within the 20 day target? (target 100%)	100%	n/a	0%	100%	n/a	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	1	0	0	0	0	0	0	0	0	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			FEB	MAR	APR																								
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%																								
		294	344	314																									
		(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>Feb</th> <th>Mar</th> <th>Apr</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;">232</td> <td style="text-align: center;">279</td> <td style="text-align: center;">245</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">4</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">62</td> <td style="text-align: center;">65</td> <td style="text-align: center;">60</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;">6</td> </tr> </tbody> </table>			Feb	Mar	Apr	Maghaberry	Committals	232	279	245	Breaches	1	1	4	Hydebank	Committals	62	65	60	Breaches	0	0	6	99.7%	99.7%	96.7%	Maghaberry: 2 No reason given & 2 Not seen due to heavy workload Hydebank: 4 x missed - OMN advised - 2 x refused – 5 were in and out within 72 hours.
		Feb	Mar	Apr																									
Maghaberry	Committals	232	279	245																									
	Breaches	1	1	4																									
Hydebank	Committals	62	65	60																									
	Breaches	0	0	6																									
		294	344	305																									
		(1)	(1)	(10)																									
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%																								
		51	33	89																									
		(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%																								
		45	58	53																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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.	<p>% = Compliance</p> <p>(n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team.</p> <p>[n] = number of prisoners waiting >9wks for appointment</p>	<p>100%</p> <p>(7)</p> <p>[0]</p>	<p>100%</p> <p>(7)</p> <p>[0]</p>	<p>100%</p> <p>(9)</p> <p>[0]</p>	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Psychological Therapies waits	All < 13 weeks	53.8%	54.6%	59.5%	64.1%	60.8%	65.5%	70.7%	73.4%	69.0%	71.2%	62.8%	63.1%	64.3%

Adult Services Directorate – Clinical Psychology Services – KPIs

	APR 17	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR 18
Direct Contacts (cum)	2087	2511 (4598)	2830 (5341)	2227 (7568)	2369 (9937)	2710 (12647)	3046 (15693)	2661 (18345)	1978 (20323)	2638 (22961)	2715 (25676)	2753 (28429)	2459
Consultations (cum)	92	171 (263)	148 (411)	149 (560)	143 (703)	171 (844)	186 (1030)	184 (1114)	146 (1260)	134 (1394)	108 (1502)	134 (1636)	154
Supervision - Hours (cum)	144	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
Staff training - Hours (cum)	121	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
Staff training - Participants (cum)	291	410 (701)	563 (1264)	256 (1520)	156 (1676)	279 (1955)	383 (2338)	274 (2612)	231 (2843)	177 (3020)	363 (3383)	338 (3721)	191

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR
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
			FEB	MAR	APR	
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance	62.8%	63.1%	64.3%	
		(n) = number on waiting list	(736)	(618)	(687)	
		[n] = number waiting > 13 weeks	[274]	[228]	[245]	
		Breaches	Feb	Mar	Apr	Longest Wait (days)
		Adult Mental Health	118	105	118	220
		Older People	20	19	24	316
		Adult Learn Dis	44	23	25	153
		Children's Learn Dis	7	4	6	150
		Adult Health Psych	85	77	72	368
		Children's Psych	0	0	0	60
Total	274	228	245			

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR	
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (1)	100% (1)	100% (2)	100% (1)	100% (4)	100% (2)	100% (3)	100% (2)	0% (1)	100% (8)	100% (0)	100% (4)	50% (8)	
	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	97.4% (1)	100% (0)	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)
	All Child protection case conference <15 days from receipt (n) = breaches	83.3% (3)	82.4% (3)	90.3% (3)	100% (0)	70% (6)	86.7% (2)	100% (0)	100% (0)	91.3% (2)	95.5% (1)	86.7% (2)	96% (1)	100% (0)	72.7% (6)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	100% (0)	86.4% (3)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	87% (3)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	63% (47)	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)	
	All Family support initial assessment completed <10 days of allocation	16.8%	24%	32%	26.6%	33.3%	36.4%	34.3%	56.3%	47.1%	24.4%	21.1%	17.1%	25.9%	
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	50% (10)	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)	
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	100% (0)	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% (1)	
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	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)	
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	140	146	159	178	155	146	172	189	237	202	223	272	227	
Unallocated cases	Total number of unallocated cases over 30 days in Children's Services	94	109	123	88	120	113	132	161	188	161	165	209	173	

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR	APR
Fostering	Number of Mainstream Foster Carers	329	328	332	333	322	333	337	341	344	345	337	335	343
	Number of children with Independent Foster Carers	33	32	35	36	38	34	35	36	35	37	38	42	40
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	93.2%	92.5%	93.8%	91.6%	93.3%	93.3%	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 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)	48%	51.4%	45%	46%	53.2%	51.7%	48.2%	40.9%	47.4%	37%	55.9%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	243	249	242	266	236	252	271	292	317	332	356	436	368
	Family Centre Waiting List at month end	13	13	20	20	15	20	20	13	13	13	20	23	22
Care Leavers	At least 75% aged 19 in education, training or employment	80%	78%	76%	77%	75%	76%	71%	71%	76%	78%	76%	81%	77%

Ante-natal Contacts									
Reason	Accepted and Seen	%Antenatal contact recorded at first visit	Not Recorded	Accepted but not seen	Declined	Not Offered	Offered but No Response	Unknown	Total in caseload
Month									
October 17	171	48.2%	26	7	36	23	69	23	355
November 17	172	51.7%	14	13	35	17	60	22	333
December 17	163	47.4	20	7	50	23	56	25	344
January 18	117	37%	48	5	32	24	58	32	316
February 18	162	55.9%	27	4	16	18	38	25	290

CHILDREN'S SERVICES

Children's Services - Corporate Issues

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 18	FEB	MAR
Complaints	How many complaints were received this month?	7	5	4	15	5	4	8	1	6	12	7	4	7
	What % were responded to within the 20 day target? (target 65%)	14%	0%	50%	20%	40%	0%	25%	100%	33%	8%	29%	0%	43%
	How many were outside the 20 day target?	6	5	2	12	3	4	6	0	4	11	5	4	4
Freedom of Information Requests	How many FOI requests were received this month?	1	3	3	4	0	1	1	2	6	1	3	3	2
	What % were responded to within the 20 day target? (target 100%)	100%	33%	67%	50%	n/a	100%	100%	100%	67%	100%	100%	100%	100%
	How many were outside the 20 day target?	0	2	1	2	0	0	0	0	2	0	0	0	0

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
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>(0)</p>	<p>100%</p> <p>(4)</p>	<p>50%</p> <p>(8)</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 21 children taken into care during October 2017. 8 children were for Respite/Shared Care and 4 were discharged</p> <p>Of the remaining 9 children, all had a permanence plan in place at the end of April 2018.</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>(0)</p>	<p>100%</p> <p>(0)</p>	<p>100%</p> <p>(0)</p>	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	APR	
Assessment Of Children At Risk Or In Need	All child protection referrals to be allocated within 24 hours of receipt of referral.	% = compliance (n) = total referrals [n] = number allocated within 24 hrs	100% (47) [47]	100% (58) [58]	100% (46) [46]	
	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.	94.4% (54) [51]	100% (60) [60]	100% (51) [51]	
	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	96% (25) [24]	100% (13) [13]	72.7% (22) [16]	
	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% (17) [17]	100% (20) [20]	100% (11) [11]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			FEB	MAR	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	80.6% (217) [175]	88.2% (221) [195]	80.5% (220) [177]	
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	21.1% (171) [36]	17.1% (70) [12]	25.9% (85) [22]	
	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.	78% (50) [39]	65.2% (46) [30]	47.5% (59) [25]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 30 th April 2018, 54 children were on the waiting list specifically for diagnostic assessment for ASD. No children waiting > 13 wks (Longest wait 80 Days) % = compliance (n) = breaches	100% <13 wks (0)	98.1% < 13 wks (1)	100% < 13 wks (0)	<p>Legend: Assessment within 13 wks (teal bar), Target Line (red line)</p>

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND				
			FEB	MAR	APR					
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	30 th April 2018 – 82 total waiters:-	100% (0)	100% (0)	93.9% (5)	<p style="text-align: center; font-size: small;"> █ <13 weeks from assessment to treatment </p>				
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr><td>0 – 4 wks</td><td style="text-align: center;">18</td></tr> <tr><td>>4 – 8 wks</td><td style="text-align: center;">19</td></tr> <tr><td>>8 – 13 wks</td><td style="text-align: center;">40</td></tr> <tr><td>> 13 wks</td><td style="text-align: center;">5</td></tr> <tr><td>Total</td><td style="text-align: center;">0</td></tr> </table> <p>Longest wait = 105 days</p> <p>% = compliance (n) = breaches</p>		0 – 4 wks								
0 – 4 wks	18									
>4 – 8 wks	19									
>8 – 13 wks	40									
> 13 wks	5									
Total	0									
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 30 th April 2018	223 (356)	272 (436)	227 (368)		Gateway	Disability	FIT	Total
						< 1 wk	22	0	4	26
						1-4 wks	77	9	29	115
						4-8 wks	60	2	43	105
						> 8 wks	56	22	44	122
						Total	215	33	120	368
	Gateway	Disability	FIT	Total						
	116 (215)	24 (33)	87 (120)	227 (368)						

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 initiatives 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 31 st 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 Apr	Actual Position Apr 18
Cancer 14 days (%)	100	99	100	100
Cancer 31 days (%)	95	93	92	96
Cancer 62 days (%)	51	45	48	59
Fracture Neck of Femur (%)	66	68	75	61
IPDC Core Elective (%)	-2.6	-2.4	-2	-2
Endoscopy Core Elective (%)	-10	-6.0	-4	-4
NOP Core (%)	-3.3	-3.2	-2	-2

Performance Improvement Trajectories

Diagnostics- Projected Breaches of 9 weeks			Predicted Position Apr	Actual Position Apr 18
Radiology			2399	2575
Audiology			945	945

Performance Area	Performance 2017/18	Projected Performance 2018/19	Predicted Position Apr	Actual Position Apr 18
Psychological Therapies	228	650	242	245