

Performance Management Framework

Corporate Scorecard

August 2017

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Introduction

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

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

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

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

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

Glossary of Terms

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

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.09.2017.

SAFE AND EFFECTIVE CARE

August 2017

SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.09.2017.

Description	Aggregate position	Trend	Variation																																								
<p>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.</p>	<p>Study day planned for September 2017</p>	<p>NEWS Compliance Trustwide</p> <table border="1"> <caption>NEWS Compliance Trustwide Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Jan-16</td><td>82</td></tr> <tr><td>Feb-16</td><td>81</td></tr> <tr><td>Mar-16</td><td>84</td></tr> <tr><td>Apr-16</td><td>83</td></tr> <tr><td>May-16</td><td>80</td></tr> <tr><td>Jun-16</td><td>88</td></tr> <tr><td>Jul-16</td><td>87</td></tr> <tr><td>Aug-16</td><td>88</td></tr> <tr><td>Sep-16</td><td>87</td></tr> <tr><td>Oct-16</td><td>87</td></tr> <tr><td>Nov-16</td><td>92</td></tr> <tr><td>Dec-16</td><td>92</td></tr> <tr><td>Jan-17</td><td>90</td></tr> <tr><td>Feb-17</td><td>88</td></tr> <tr><td>Mar-17</td><td>92</td></tr> <tr><td>Apr-17</td><td>89</td></tr> <tr><td>May-17</td><td>95</td></tr> <tr><td>Jun-17</td><td>92</td></tr> <tr><td>Jul-17</td><td>91</td></tr> </tbody> </table>	Month	Compliance (%)	Jan-16	82	Feb-16	81	Mar-16	84	Apr-16	83	May-16	80	Jun-16	88	Jul-16	87	Aug-16	88	Sep-16	87	Oct-16	87	Nov-16	92	Dec-16	92	Jan-17	90	Feb-17	88	Mar-17	92	Apr-17	89	May-17	95	Jun-17	92	Jul-17	91	<p>Lowest compliance questions: Part 2: If NEWS score is above 5: Is there documented evidence of appropriate escalation? (90%)</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; margin: 10px 0;"> <p>Variance 70% - 100% (2 wds) (12wds)</p> </div> <p>Mean compliance: 92%</p> <p>Median compliance: 90%</p> <p>(Data from 31 wards)</p>
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<p>Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2016/17</p>		<p>VTE Compliance Trustwide</p> <table border="1"> <caption>VTE Compliance Trustwide Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Jan-16</td><td>85</td></tr> <tr><td>Feb-16</td><td>92</td></tr> <tr><td>Mar-16</td><td>92</td></tr> <tr><td>Apr-16</td><td>92</td></tr> <tr><td>May-16</td><td>90</td></tr> <tr><td>Jun-16</td><td>93</td></tr> <tr><td>Jul-16</td><td>87</td></tr> <tr><td>Aug-16</td><td>90</td></tr> <tr><td>Sep-16</td><td>95</td></tr> <tr><td>Oct-16</td><td>90</td></tr> <tr><td>Nov-16</td><td>92</td></tr> <tr><td>Dec-16</td><td>92</td></tr> <tr><td>Jan-17</td><td>90</td></tr> <tr><td>Feb-17</td><td>88</td></tr> <tr><td>Mar-17</td><td>90</td></tr> <tr><td>Apr-17</td><td>93</td></tr> <tr><td>May-17</td><td>92</td></tr> <tr><td>Jun-17</td><td>93</td></tr> <tr><td>Jul-17</td><td>95</td></tr> </tbody> </table>	Month	Compliance (%)	Jan-16	85	Feb-16	92	Mar-16	92	Apr-16	92	May-16	90	Jun-16	93	Jul-16	87	Aug-16	90	Sep-16	95	Oct-16	90	Nov-16	92	Dec-16	92	Jan-17	90	Feb-17	88	Mar-17	90	Apr-17	93	May-17	92	Jun-17	93	Jul-17	95	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; margin: 10px 0;"> <p>Variance 80% - 100% (2 wds) (21wds)</p> </div> <p>Mean compliance: 97%</p> <p>Median compliance: 100%</p> <p>(Data from 26 wards)</p>
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SAFE & EFFECTIVE CARE - All targets reported one month in arrears. Figures correct as of 05.09.2017.

Description	Aggregate position	Trend	Variation
<p>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.</p>	<p>Meeting planned to discuss the role of the new falls champions</p>	<p>FALLS Compliance Trustwide</p>	<p>Lowest compliance questions: Part A: 'Urinalysis performed' 92% Part B: 'Lying and standing blood pressure recorded' 94%</p> <p>Variance 20% - 100% (1 wd) (11wds)</p> <p>Mean overall compliance: 87% Median compliance: 90%</p> <p>(Data from 28 wards)</p>

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>Mandatory pressure ulcer prevention & management training ongoing – bespoke education provided for clinical areas with increased incidence or incidents of avoidable pressure damage.</p>	<p>Skin Bundle Compliance Trustwide</p>	<p>Lowest compliance question: 'Patient repositioned and/or mobilised as per regime' 93%</p> <p>Variance 0% - 100% (2 wds) (15wds)</p> <p>Mean compliance: 84% Median compliance: 100%</p> <p>(Data from 27 wards)</p>

SAFE & EFFECTIVE CARE

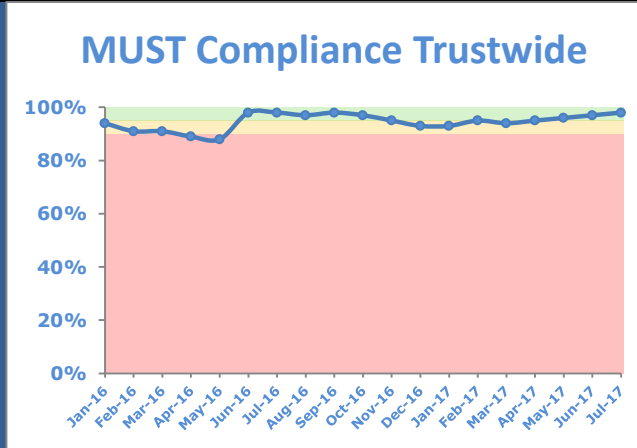
Description

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

Lowest compliance question: 'MUST Tool: Monthly (if applicable)' 91%

Variance
80% - 100%
(2 wds) (22wds)

Mean compliance: 97%

Median compliance: 100%

(Data from 30 wards)

Description

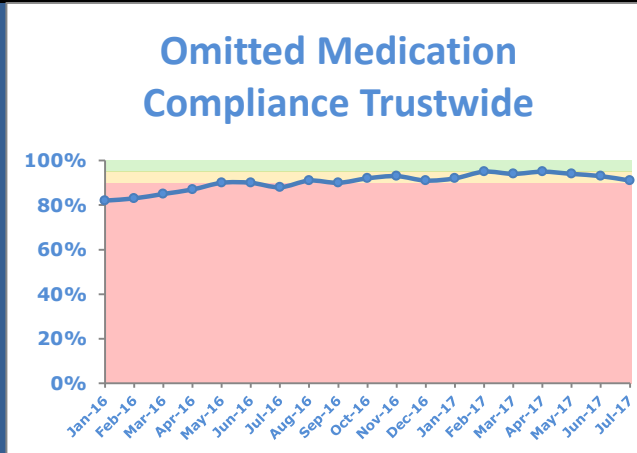
95% compliance with fully completing medication kardexes (i.e. no blanks)

Aggregate position

There has been a steady increase in compliance .

Some co working planned between pharmacy and S&E Care to look at omitted medications , validation audit planned for August

Trend



Variation

Variance
60% - 100%
(1 wd) (16wds)

Mean compliance: 91%

Median compliance: 100%

(Data from 30 wards)

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					PROGRESS																														
			Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 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 92%	SET 95%	SET 96%	SET 95%	SET 92%	<p>Bar chart data (approximate values):</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>SET</th> <th>UH</th> <th>LVH</th> <th>DH</th> </tr> </thead> <tbody> <tr> <td>Q1 16/17</td> <td>92%</td> <td>87%</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>Q2 16/17</td> <td>95%</td> <td>87%</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>Q3 16/17</td> <td>96%</td> <td>93%</td> <td>97%</td> <td>97%</td> </tr> <tr> <td>Q4 16/17</td> <td>95%</td> <td>93%</td> <td>97%</td> <td>97%</td> </tr> <tr> <td>Q1 17/18</td> <td>92%</td> <td>92%</td> <td>94%</td> <td>95%</td> </tr> </tbody> </table>	Quarter	SET	UH	LVH	DH	Q1 16/17	92%	87%	95%	95%	Q2 16/17	95%	87%	95%	95%	Q3 16/17	96%	93%	97%	97%	Q4 16/17	95%	93%	97%	97%	Q1 17/18	92%	92%	94%	95%
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UH 87%	UH 91%	UH 93%	UH 93%	UH 92%																																		
LVH 95%	LVH 95%	LVH 97%	LVH 97%	LVH 94%																																		
DH 95%	DH 95%	DH 97%	DH 95%	DH 95%																																		

SAFE & EFFECTIVE CARE

TITLE	Target	NARRATIVE	PERFORMANCE			TREND									
			JUN	JUL	AUG										
HCAI	By March 2017, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2015/16	<table border="1"> <thead> <tr> <th></th> <th>2016/2017 Target</th> <th>2017/2018 Target</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td>Target<55</td> <td>Target<49</td> </tr> <tr> <td>MRSA</td> <td>Target<7</td> <td>Target<6</td> </tr> </tbody> </table>		2016/2017 Target	2017/2018 Target	C Diff	Target<55	Target<49	MRSA	Target<7	Target<6	<p>C Diff</p> <p>4</p> <p>(cum 14)</p>	<p>C Diff</p> <p>10</p> <p>(cum 24)</p>	<p>C Diff</p> <p>5</p> <p>(cum 29)</p>	
			2016/2017 Target	2017/2018 Target											
C Diff	Target<55	Target<49													
MRSA	Target<7	Target<6													
<p>Of the 29 C Diff cases in 17/18, 15 were within 72 hours of admission, with 14 later than 72 hours from admission.</p>	<p>MRSA</p> <p>0</p> <p>(cum 0)</p>	<p>MRSA</p> <p>0</p> <p>(cum 0)</p>	<p>MRSA</p> <p>0</p> <p>(cum 0)</p>												

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	
Outpatient waits	Min 50% <9 wks for first appt (was 60% in 15/16)	29.4%	29.5%	28.9%	27.4%	23.8%	23.2%	23.9%	25.7%	24.2%	23.2%	23.7%	21.9%	20.8%	
	All <52 wks (was 18 wks)	89.3%	88.4%	87.6%	86.3%	84.6%	83.6%	82.5%	81.1%	79.3%	77.7%	75.5%	73.8%	71.9%	
Diagnostic waits	Imaging 75% <9 wks (was all >9wks)	84.2%	83.7%	86.3%	81.7%	74.4%	73.6%	76.3%	75.7%	70.2%	69%	72.0%	70.8%	67.5%	
	Physiological Measurement <9 wks	56.1%	58.4%	58.9%	58.4%	56.2%	61%	65%	70.3%	66.6%	64.7%	64.9%	65%	62.6%	
	Diag Endoscopies	< 9 wks	35%	34%	39%	50.4%	55%	56%	53%	52%	46.5%	44%	43%	39%	37%
		< 13 wks	64%	64%	66%	66%	61.7%	59%	63%	64%	58.7%	59%	62%	62%	60%
Inpatient & Daycase Waits	Min 55% <13 wks (was 65%)	44%	44%	49%	52%	52.5%	52%	52%	52%	49%	48%	47%	45%	44%	
	All <52 wks (was 26 wks)	88%	88%	90%	90.5%	91%	90%	90%	89%	89%	88%	87%	87%	87%	
Diagnostic Reporting	Urgent tests reported <2 days	94.5%	95%	95.6%	93.3%	94.1%	95.1%	94.2%	95.5%	92.5%	95.6%	96.1%	95.3%	94.9%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	80.2%	82.9%	81.5%	80.0%	74.9%	77.9%	80.3%	78.6%	78.1%	79.6%	81.3%	83.3%	79.9%
		12hr breaches	83	24	52	133	208	393	98	82	204	183	120	110	186
	UHD	4hr performance	71.3%	74.5%	73.4%	72.0%	66.3%	68.8%	72.3%	68.3%	67.3%	66.6%	71.8%	75.2%	69.1%
		12hr breaches	79	22	44	114	177	351	74	63	203	177	104	108	185
	LVH	4hr performance	87.1%	92.1%	88.8%	88.9%	81.9%	84.5%	86.6%	86.6%	89.7%	89.7%	88.8%	92.2%	91.0%
		12hr breaches	1	0	0	0	0	14	1	0	0	2	0	0	0
	DH	4hr performance	90.4%	90.0%	90.7%	88.6%	85.2%	88.8%	88.8%	90.6%	93.2%	93.1%	92.8%	92.9%	93.7%
		12hr breaches	3	2	8	19	31	28	23	19	1	4	16	2	1
Emergency Care Wait Time	At least 80% of patients commenced treatment, following triage within 2 hours	89.3%	88.4%	89.3%	88.8%	84.3%	90.3%	91.5%	86.2%	87.7%	85.1%	86.9%	90.6%	88.9%	
Non Complex discharges	ALL <6hrs	87.2%	86.9%	88.7%	86.1%	87.4%	87.8%	87.4%	87.4%	86.8%	84.7%	86.8%	87.8%	88.1%	
Hip Fractures	>95% treated within 48 Hours	65%	68%	81%	82%	80%	100%	81%	86%	79%	58%	59%	48%	95%	
Stroke Services	15% patients with confirmed Ischaemic stroke to receive thrombolysis (was 13%)	9.8%	13%	17.6%	18.9%	3.7%	20.7%	10.3%	15.6%	17.2%	22.7%	20.8%	14.3%	11.1%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	44%	37%	34%	38%	43%	43%	52%	56%	50%	53%	54%	52%	60%	
	All urgent completed referrals for breast cancer seen within 14 days (n)=breaches n=longest wait(days)	97.2% (7) 21	100% (0) 14	100% (0) 14	100% (0) 13	99.5% (1) 16	80.5% (42) 19	95.3% (11) 17	100% (0) 60	100% (0) 14	100% (0) 11	100% (0) 14	95.5% (1) 25	100% (0) 17	
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.(n = breaches)	95.5% (5)	93.6% (8)	90% (11)	95% (7)	97% (2)	97.3% (3)	96% (4)	97% (3)	93% (6)	95% (6)	97% (5)	96% (4)	96% (3)	
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	72% (2)	100% (0)	100% (0)	75% (2)	78% (2)	75% (2)	60% (2)	100% (0)	88% (2)	100% (0)	62.5% (3)	33% (4)	0% (3)	

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	97.6%	89.6%	92.3%	94.3%	97.2%	97.9%	99.4%	97.6%	94.2%	97.7%	97.4%	97.9%	94.9%	
	% routine tests reported <28 days (Target formerly 100%)	98.8%	96.4%	98.4%	95.9%	99.9%	99.6%	99.9%	98%	97%	99.5%	99%	98.6%	96.8%	
% Operations cancelled for non-clinical reasons	July 17 – Ards DPU closed so all figures now included with Ulster	SET	1.1%	1.8%	1.3%	1.6%	1.2%	1.6%	1.1%	1.3%	1.9%	1.5%	1.7%	1.2%	0.8%
		UHD	1.8%	2.6%	1.4%	1.5%	1.7%	2.7%	1.7%	1.4%	3.6%	2.7%	1.8%	1.4%	1.2%
		AR	0.2%	0.2%	0.4%	2.4%	0.5%	0%	0.3%	1%	0.2%	1.9%	1.4%		
		LVH	0.9%	2%	2.2%	1.5%	1.4%	0.8%	0.8%	1%	0.8%	0.3%	1.3%	1.3%	0.4%
		DH	0%	1.2%	0.2%	1.5%	0.2%	1.6%	1%	1.4%	0.6%	0.4%	2.1%	0.5%	0.3%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 26%	Cum 25%	Cum 23%	Cum 23%	Cum 23%	Cum 24%	Cum 24%	Cum 24%	Cum 43%	Cum 47%	Reported 3 mths in arrears			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 79.4%	Cum 79.8%	Cum 79.1%	Cum 79.7%	Cum 79.6%	Cum 79.8%	Cum 79.7%	Cum 79.6%	Cum 78.9%	Cum 79.2%	Reported 3 mths in arrears			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	11783	11770	11731	11177	11230	11180	10278	12241	11453	12783	12145	11794	12167	
	Ulster Hospital	8016	7817	8042	7552	7741	7575	6879	8108	7785	8466	8085	8066	8127	
	Lagan Valley Hospital	1947	2132	2028	1943	1858	1898	1816	2169	1794	2238	2146	1887	2090	
	Downe Hospital (inc w/end minor injuries)	1820	1821	1661	1682	1631	1707	1583	1964	1874	2079	1914	1841	1950	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	9.8%	9.2%	9.2%	10%	10.5%	10.5%	9.7%	9.1%	9.4%	9.4%	9.5%	9.6%	9.6%	
	By March 2017, reduce by 20% the number of hospital cancelled consultant-led outpatient appointments	25.4%	3.4%	20.5%	21.7%	30.2%	25.5%	11.5%	11.2%	21.1%	23.6%	9.8%	26.6%	24.4%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5925	6108	5930	5861	5001	5701	5577	6537	5064	6354	6121	5073	6102	
Other Operative Fractures	>95% within 48hrs	64%	63%	78%	80%	83%	90%	74%	75%	79%	57%	66%	67%	88%	
	100% within 7 days	90.5%	91.6%	100%	96%	100%	100%	98.6%	98.6%	97.1%	95%	97.5%	98.9%	96.3%	
Stroke	No of patients admitted with stroke	41	35	34	37	27	29	29	32	29	44	48	28	36	
ICATS	Min 60% <9 wks for first appt All <52 wks	Derm	54.2% (210)	56% (222)	54.8% (237)	49.6% (266)	39.5% (320)	33.8% (311)	41.6% (305)	44.8% (270)	48.3% (248)	42.4% (21)	47.5% (206)	40.6% (249)	74.6% (302)
		Ophth	63.6% (99)	85.9% (53)	75.9% (114)	71.8% (168)	55.3% (251)	54.9% (280)	59% (300)	58.8% (266)	38.7% (416)	37.8% (434)	60.4% (418)	64.4% (438)	65% (405)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.1	5.8	5.3	5.9	6.1	7.1	5.8	5.8	6.0	5.7	5.7	5.7	5.7
	Ave LOS trimmed	4.8	4.7	4.5	4.8	4.9	5.4	4.7	4.7	4.6	4.5	4.5	4.4	4.5
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	9.6	9.8	9.6	8.9	10	11.2	12.8	9.6	8.8	10	10	11.4	9.9
	Ave LOS trimmed	7	7.2	7.1	6.8	7.5	7.1	7.5	6.8	7.4	7.1	7	7.8	6.3
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	79.8%	84.3%	86.4%	83%	77.6%	79.4%	85.2%	81.2%	79.2%	76.3%	78.4%	78.4%	81.2%
	% NEW attendances who left without being seen (Target < 5%)	3%	2.8%	2.7%	2.5%	3.4%	2.3%	2.1%	2.8%	2.7%	3%	2.8%	2.8%	2.6%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.7%	2.8%	2.7%	2.7%	2.2%	2.7%	2.8%	2.8%	2.7%	2.7%	2.7%	2.3%	3%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	57.9%	53.3%	56%	58.3%	49.4%	56.3%	59.3%	49.7%	52.7%	48.7%	47.4%	55.6%	55%

Hospital Services – Corporate Issues

Service Area	Indicator	JUL 16	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL
Complaints	How many complaints were received this month?	27	38	39	31	27	23	22	34	37	28	38	33	32
	What % were responded to within the 20 day target? (target 65%)	44%	45%	54%	45%	56%	65%	45%	38%	32%	39%	50%	67%	28%
	How many were outside the 20 day target?	15	21	18	17	12	8	12	21	25	17	19	11	23
Freedom of Information Requests	How many FOI requests were received this month?	12	8	6	9	10	12	14	4	13	12	5	7	6
	What % were responded to within the 20 day target? (target 100%)	75%	0%	33%	67%	90%	58%	43%	100%	85%	58%	100%	86%	67%
	How many were outside the 20 day target?	3	8	4	3	1	5	6	0	2	5	0	1	2

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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 (from Apr 16)	23.7%	21.9%	20.8%	
Diagnostic waits	By March 2017 75% of patients should wait no longer than 9 weeks for a diagnostic test with no-one to wait more than 26 weeks. (Previously no patient should wait longer than 9 weeks)	Imaging (9 wk target) These figures relate to Imaging waits only. [n] = total waiting (n) = waiting more than 9 weeks {n} = waiting >26 wks (new from Apr 16) Note: most breaches relate to Dexa scans at LVH <i>N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.</i>	72.0%	70.8%	67.5%	
			Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	64.9%	65%	
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.	Diagnostic Endoscopies Inpatient / Day Case (9 wk target) (this is a subset of the Day-case target reported overleaf)	43% [2826] (1607)	39%	37%	
				Diagnostic Endoscopies Inpatient / Day Case (13 wk target)	62%	
	No patient should wait longer than 13 weeks for other endoscopies.	[n] = total waiting (n) = breaches	[772] (297)	803	846	
				(304)	(341)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Inpatient & Daycase Waits	<p>By March 2017, at least 55% of inpatients and day cases to wait no longer than 13 weeks to be treated and no patient to wait longer than 52 weeks for treatment.</p> <p>(was previously 26 weeks for all patients)</p>	<p>Inpatients / Daycase – 13 wk target</p> <p>% = % waiting < 13 weeks</p> <p>(n) = breaches</p>	<p>47%</p> <p>(4848)</p>	<p>45%</p> <p>(5071)</p>	<p>44%</p> <p>(5389)</p>	<p>Legend: IP/DC 13wk (dark teal), All 52 wks (light teal), Target Line 13wk (yellow), Target Line 52wk (red)</p>
		<p>All Specialties – 52 wk target (from April 2016)</p> <p>% = % waiting < 52 weeks</p> <p>(n) = breaches (52 wks)</p>	<p>87%</p> <p>(1161)</p>	<p>87%</p> <p>(1198)</p>	<p>87%</p> <p>(1261)</p>	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	<p>In August 2017, 1642 total urgent tests reported, 1559 were reported in < 2 days</p> <p>(n) = breaches > 2 days</p> <p>[n] = total urgent tests</p>	<p>96.1%</p> <p>(73)</p> <p>[1874]</p>	<p>95.3%</p> <p>(69)</p> <p>[1453]</p>	<p>95.0%</p> <p>(83)</p> <p>[1642]</p>	<p>Legend: Urgent <2 days (dark teal), Target Line (red)</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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 14198 [11540] 81.3% (120)</p>	<p>SET 13611 [11333] 83.3% (110)</p>	<p>SET 14066 [11240] 79.9% (186)</p>	
		<p>SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit.</p>	<p>UH 8085 [5805] 71.8% (104)</p>	<p>UH 8066 [6067] 75.2% (108)</p>	<p>UH 8127 [5613] 69.1% (185)</p>	
		<p>n = total new and unplanned review attendances.</p>	<p>LVH 2146 [1906] 88.8% (0)</p>	<p>LVH 1887 [1739] 92.2% (0)</p>	<p>LVH 2090 [1901] 91.0% (0)</p>	
		<p>[n] = seen within 4 hours % = % seen within 4 hours (n) = 12 hour breaches</p>	<p>DH 1914 [1776] 92.8 (16)</p>	<p>DH 1841 [1701] 92.9% (2)</p>	<p>DH 1950 [1827] 93.7% (1)</p>	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	<p>All qualifying patients in SET beds.</p> <p>Main reason for delay is patient awaiting transport from friends, family or ambulance service.</p> <p>n = Non-complex discharges (n) = breaches</p> <p>Jun was 86.8% 2921 (387) now 86.8% 2936 (387) Jul was 87.8% 2782 (339) now 88% 2809 (336)</p>	<p>86.8% 2936 (387)</p>	<p>88% 2809 (336)</p>	<p>88.1% 2922 (347)</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	<p>% = % treated within 48 hours.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p>	<p>59%</p> <p>22</p> <p>(13)</p> <p>[9]</p>	<p>48%</p> <p>44</p> <p>(21)</p> <p>[23]</p>	<p>95%</p> <p>39</p> <p>(37)</p> <p>[2]</p>	<p>Hip Fractures</p> <p>Legend: % Hip Fractures < 48 hrs (teal bars), Target Line (red line)</p>
Other Operative Fractures	<p>95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.</p> <p>No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)</p>	<p>% is performance against 48 hour target.</p> <p>n = number of fractures</p> <p>(n) = number < 48 hours</p> <p>[n] = number >48 hours</p> <p>{n} = number > 7days</p>	<p>66%</p> <p>82</p> <p>(54)</p> <p>[28]</p> <p>{2}</p>	<p>67%</p> <p>90</p> <p>(60)</p> <p>[30]</p> <p>{1}</p>	<p>88%</p> <p>82</p> <p>(72)</p> <p>[10]</p> <p>{3}</p>	<p>Other Fractures</p> <p>Legend: Fractures % < 48hrs (teal bars), Target Line (red line)</p>
Stroke Services	From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis. (2015/16 Target = 13%)	<p>% = % treated with thrombolysis</p> <p>n = number treated with thrombolysis</p> <p>(n) = number confirmed Ischaemic strokes</p>	<p>20.8%</p> <p>10</p> <p>(48)</p>	<p>14.3%</p> <p>4</p> <p>(28)</p>	<p>11.1%</p> <p>4</p> <p>(36)</p>	<p>All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																												
			JUN	JUL	AUG																													
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 61 SET CBYL referrals received during August 2017.	100%	100%	100%																													
		3 DNA 3 CNA 1 SEEN BY EMERGENCY SERVICES % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	(42)	(71)	(61)																													
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	55%	50%	60%	<table border="1"> <caption>62 Day Target Performance Data</caption> <thead> <tr> <th>Month</th> <th>62 Day Target (%)</th> </tr> </thead> <tbody> <tr><td>Aug-16</td><td>45</td></tr> <tr><td>Sep</td><td>35</td></tr> <tr><td>Oct</td><td>35</td></tr> <tr><td>Nov</td><td>38</td></tr> <tr><td>Dec</td><td>40</td></tr> <tr><td>Jan-17</td><td>40</td></tr> <tr><td>Feb</td><td>55</td></tr> <tr><td>Mar</td><td>55</td></tr> <tr><td>Apr</td><td>50</td></tr> <tr><td>May</td><td>52</td></tr> <tr><td>June</td><td>52</td></tr> <tr><td>July</td><td>52</td></tr> <tr><td>August</td><td>60</td></tr> </tbody> </table>	Month	62 Day Target (%)	Aug-16	45	Sep	35	Oct	35	Nov	38	Dec	40	Jan-17	40	Feb	55	Mar	55	Apr	50	May	52	June	52	July	52	August	60
		Month	62 Day Target (%)																															
Aug-16	45																																	
Sep	35																																	
Oct	35																																	
Nov	38																																	
Dec	40																																	
Jan-17	40																																	
Feb	55																																	
Mar	55																																	
Apr	50																																	
May	52																																	
June	52																																	
July	52																																	
August	60																																	
n = number of patients seen (n) = breaches In August 2017, 31.5 patients were seen. There were 12.5 breaches involving 18 patients, of whom 11 were shared. Revisions post patient pathway confirmation and pathology validation:- July Was 52%, 62.5 seen (30) now 50% 65.5 seen (43) June was 54% 87.5 seen (40) now 55% 88.5 seen (40)	88.5	65.5	31.5																															
		(40)	(33)	(12.5)																														

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Cancer Services	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days	100%	95.5%	100%	
		[n] = number of referrals received	[232]	[183]	[215]	
		n = number of completed referrals	198	198	195	
		(n) = breaches	(0)	(1)	(0)	
		{n} = longest wait in days	{14}	{25}	{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	97%	96%	96%	
		n = number of patients	147	96	74	
		(n) = breaches	(5)	(4)	(3)	
Cancelled Appointments	By March 2017 reduce by 20% the number of hospital cancelled consultant-led outpatient appointments.	% = % reduction on baseline	9.8%	26.6%	24.4%	FY15/16 target - hospital cancelled consultant led appointments should be less than 5%. Target FY16/17 - reduce number hospital cancellations by 20%. New target 1604 or less per month
		n = number of cancelled appointments	1807	1471	1516	
		(n) = cancellations over target	(203)	(-133)	(-88)	
		Baseline = 2004/month Target = 1604/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	100%	100%	100%	
		(n) = total waiting	(4)	(4)	(6)	
		[n] = breaches	[0]	[0]	[0]	
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	62.5%	33%	0%	
		(n) = total waiting	(8)	(6)	(3)	
		[n] = breaches	[3]	[4]	[3]	

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	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG	
Allied Health Professions waits	All < 13 weeks	94.5%	93.7%	93.9%	95.5%	92.9%	92.1%	90.1%	96.9%	93.7%	92.6%	92.0%	91.6%	90.9%	
Complex Discharges	Min. 90% <48hrs (SET TOR)	72.2%	66%	68.1%	62.4%	69.4%	62.2%	66.9%	70%	77.4%	79.5%	72.9%	73.4%	76.8%	
	Min. 90% <48hrs (All in SET beds)	66.2%	64.1%	62.8%	56.7%	64.8%	54%	64.2%	68.4%	70.6%	76.5%	67.5%	70.1%	72.7%	
	Number complex discharges	297	339	336	363	412	424	350	376	330	361	381	371	363	
	ALL <7days	89.3%	90.3%	89.3%	83.5%	86.2%	86.4%	90.3%	89.8%	92.6%	95%	87.9%	70.1%	89.3%	
	SET and Other TOR	Reporting from April 2017									94.8%	98.6%	91.8%	92%	95%
	Belfast TOR	Reporting from April 2017									85.7%	83.1%	77%	96.6%	69.5%
Unplanned Admissions	Reduce by 5% for adults with specified long term conditions. Baseline (12/13) = 2825 Target for 16/17 = 2684	Quarter 2 667 (Cum 1387)		Quarter 3 736 (cum 2126)			Quarter 4 754 (cum 2880)			Reported Quarterly In Arrears					
GP Out Of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	82%	79%	82%	81%	80%	81%	82%	85%	81%	83%	82%	86%	84%	
Psychiatry of Old Age (Dementia Services)	No patient should wait longer than 9 weeks to access dementia services (n) = breaches	62.9% (168)	63.9% (171)	65.5% (169)	63.4% (178)	63.7% (169)	66.2% (141)	64.9% (136)	68.9% (116)	64.8% (135)	71.5% (113)	69.1% (134)	61.3% (184)	56.9% (206)	
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	239	290	364	427	433	474	521	587	621	694	839	839	839	
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 1917 Target = 2109	Quarter 2 492 (Cum 910)		Quarter 3 223 (cum 1133)			Quarter 4 281 (cum 1414)			Quarter 1 319					
Direct Payments	By March 2017, secure a 10% increase in the number of Direct Payments(Elderly) (March 16 figure = 71 target = 78)	93	97	99	101	104	105	104	103	105	104	106	109	110	
Community Based short Breaks (Elderly)	By March 2017, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 216529.75 Target =227356.25	Quarter 2 53, 726 Hours (cum 110, 812 Hours)		Quarter 3 57, 911 Hours (cum 168, 723 Hours)			Quarter 4 59, 539 Hours (cum 228, 262 Hours)			Quarter 1 60, 387 Hours					
		Reported Quarterly													

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG		
Assess and Treat Older People	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	97.9% (1)	100%	100%	100%	100%	100%	100%		
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs)(n) = breaches	92.7% (7)	89.5% (9)	91.0% (6)	91.7% (5)	94.5% (4)	96.1% (3)	95.8% (3)	97.4% (2)	93.1% (5)	93.1% (5)	97.4% (2)	93.4% (5)	91.9% (6)		
Orthopaedic ICATS	By March 2017, at least 50% (prev. 60%) of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 52 weeks (prev 18 wks until april 16). (n) = breaches	<9 wks	76.2% (256)	63% (485)	60% (565)	63.5% (524)	72.1% (333)	65.8% (388)	59.7% (463)	58% (394)	64.1% (313)	80.3% (185)	95.2% (47)	79.3% (237)	72% (372)	
		<52wks (prev 18 wks).	100% (0)	85% (198)	81.2% (266)	81.5% (265)	99.9% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	
	From December 2016 Spinal figures are displayed separately here.	<9 wks						4.9% (481)	13.3% (312)	19.4% (145)	63.6% (8)	57.1% (3)	66.7% (1)	100% (0)	100% (0)	100% (0)
		<52wks						12.1% (445)	27.8% (260)	52.2% (86)	72.7% (6)	71.4% (2)	100% (0)	100% (0)	100% (0)	100% (0)

Directorate KPIs & SQE Indicators

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	45%	49%	44%	45%	40%	50%	29%	45%	38%	38%	49%	50%	48%

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	JUL 16	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	9	10	9	11	9	13	8	15	11	4	13	15	13
	What % were responded to within the 20 day target? (target 65%)	44%	50%	44%	73%	22%	38%	63%	53%	64%	50%	46%	40%	69%
	How many were outside the 20 day target?	5	5	5	3	7	8	3	7	4	2	7	9	4
Freedom of Information Requests	How many FOI requests were received this month?	27	5	4	5	2	1	9	6	2	1	2	4	2
	What % were responded to within the 20 day target? (target 100%)	33%	20%	25%	20%	0%	100%	44%	83%	100%	100%	100%	75%	100%
	How many were outside the 20 day target?	18	4	3	4	2	0	4	1	0	0	0	1	0

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																
			JUN	JUL	AUG																																	
AHP Waits	<p>No patient to wait longer than 13 weeks from referral to commencement of treatment</p>	<p>At 31st August 2017 of patients on the AHP waiting list, 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>5511</td> <td>395</td> <td style="color: red;">92.8</td> </tr> <tr> <td>OT</td> <td>1222</td> <td>77</td> <td style="color: red;">93.7</td> </tr> <tr> <td>Orthoptics</td> <td>344</td> <td>9</td> <td style="background-color: yellow;">97.4</td> </tr> <tr> <td>Podiatry</td> <td>1439</td> <td>99</td> <td style="color: red;">93.1</td> </tr> <tr> <td>Adults S&LT</td> <td>584</td> <td>235</td> <td style="color: red;">59.8</td> </tr> <tr> <td>Childrens S&LT</td> <td>342</td> <td>28</td> <td style="color: red;">91.8</td> </tr> <tr> <td>Dietetics</td> <td>1004</td> <td>102</td> <td style="color: red;">89.8</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	5511	395	92.8	OT	1222	77	93.7	Orthoptics	344	9	97.4	Podiatry	1439	99	93.1	Adults S<	584	235	59.8	Childrens S<	342	28	91.8	Dietetics	1004	102	89.8	<p>92.0% [10566] (844)</p>	<p>91.6% [10464] (883)</p>	<p>90.9% [10446] (945)</p>	<p style="text-align: center;"> ■ 13 Week — Target Line </p>
Service	No on W/L	Waiting >13 wks	Compliance																																			
Physio	5511	395	92.8																																			
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Adults S<	584	235	59.8																																			
Childrens S<	342	28	91.8																																			
Dietetics	1004	102	89.8																																			
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>Jun was 72.9% (67) now 73.4% (66) Jul was 73.4% (68) now 73.8% (67)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	<p>73.4% (66)</p>	<p>73.8% (67)</p>	<p>76.8% (52)</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
			JUN	JUL	AUG	
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>Jul was 70.1% (371) now 70.4% (371)</p>	67.5% (381) >48 hrs By Trust of res SET 72 BT 52	70.4% (371) >48 hrs By Trust of res SET 68 BT 41 NT 1	72.7% (363) >48 hrs By Trust of res SET 51 BT 47 ST 1	
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>Jun Jul was 70.1% 371 (47) now 87.3% 371 (47)</p>	87.9% 381 (46) SET 23 BT 23	87.3% 371 (47) SET 24 BT 23	89.3% 363 (39) SET 14 BT 25	<p>Legend: SET Residents (Teal bar), Target Line (Red line)</p>
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>No revisions post validation</p>	91.8% 282 (23)	92% 300 (24)	95% 281 (14)	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying Belfast Trust Residents in SET beds.	76.8%	67.6%	69.5%	
		n = complex discharges	99	71	82	
		(n) = discharges delayed by more than 7 days.	(23)	(23)	(25)	
		Revisions post validation:- Jun was 77% 100 (23) now 76.8% 99 (23)				

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					ADDITIONAL INFORMATION
			Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	
Unplanned Admissions	By March 2017 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	12/13 Baseline = 2825 16/17 Target = 2684 Reported Quarterly in arrears.	600 (cum 1730)	722 (cum 722)	667 (cum 1387)	736 (cum 2126)	754 (cum 2880)	Specified Long Term Conditions are: Asthma CODP Diabetes Heart Failure Stroke

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAY	JUN	JUL	
Long-Term Conditions	By March 2017, deliver 90,132 telecare monitored patient days (equivalent to approximately 244 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract. To be reported one month in arrears	The Trust has started the process of educating practitioners about the system and referrals have increased with higher referral rates at the start of 2016. Monthly target 7511 MPD MCD = Monitored Care Day	In Month 9037 MCDs 120%	In Month 8645 MCDs 115%	In Month 8807 MCDs 117%	The number of patients benefiting from remote telecare monitoring = 280 clients (7 lower than previous month).
			Cum 17828 MCDs 119%	Cum 26473 MCDs 117%	Cum 35297 MCDs 117.5%	

Service Area	Target	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
GP Out of Hours	95% of urgent calls given an appointment or triage completed within 20 minutes	82%	79%	82%	81%	80%	81%	82%	85%	81%	83%	82%	86%	84%
	100% of less urgent calls triaged within 1 hour	74%	72%	70%	69%	61%	67%	73%	73%	66%	65%	76%	76%	74%

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	7	8	10	10	10	9	11	11	13	13	18	18	18
Adult MH Services waits	All < 9 weeks	100%	100%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%
Carers Assessments	10% increase in number of Carers Assessments offered Baseline = 359 Target = 395	2 nd Quarter 5 (Cum 14)		3 rd Quarter 11 (cum 25)			4 th Quarter 136 (cum 147)			Quarter 1 89				
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%
	All < 28 days (no. Breaches)	6	5	3	3	3	3	4	7	8	8	3	3	7
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Mental Health	By March 2017, secure a 10% increase in the number of direct payments (March 15= 16 Target = 18)	14	11	12	12	11	11	11	11	11	10	10	9	9

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	JUL 16	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	10	6	4	5	3	4	2	6	2	2	7	2	4
	What % were responded to within the 20 day target? (target 65%)	30%	17%	50%	20%	0%	0%	50%	40%	0%	50%	57%	100%	75%
	How many were outside the 20 day target?	7	5	2	4	3	4	1	3	2	1	3	0	1
Freedom of Information Requests	How many FOI requests were received this month?	0	1	4	6	2	1	2	2	1	2	3	3	2
	What % were responded to within the 20 day target? (target 100%)	n/a	0%	25%	0%	50%	100%	50%	0%	100%	100%	100%	100%	100%
	How many were outside the 20 day target?	0	1	3	6	1	0	1	2	0	0	0	0	0

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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>	100%	100%	100%	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 71 discharges in August 2017, all were discharged within 7 days	100%	100%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 7 delayed discharges in August 2017. The availability of suitable accommodation is the difficulty in facilitating the discharge.	3	3	7	
	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 54 SET discharges in August 2017 for follow up within 7 days. 51 were seen within 7 days with 3 DNA's	100%	100%	100%	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Discharge	99% <7days of decision to discharge	99.9%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	11	10	10	11	11	11	8	8	8	9	11	10	8
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. 3 patients to be resettled	3	3	3	3	3	3	3	3	3	3	3	3	3
Self-Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	88	100	138	164	171	270	319	362	391	402	489	489	489
Direct Payments	By March 2017, secure a 10% increase in number of Direct Payment cases (Baseline = 540, Target = 595 – Target shared with PC&OP)	588	584	603	608	619	618	620	632	632	637	645	651	654

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Adult Learning Disability / Adult Disability	By March 2017, secure a 10% increase in the number of direct payments (Physical and Sensory Disability) March 16 = 189 Target = 207	208	210	214	219	220	217	219	225	228	229	234	237	238
	By March 2017, secure a 10% increase in the number of direct payments (Learning Disability) March 16 = 265 Target = 291	265	264	271	273	278	281	287	291	289	292	295	296	297
	Achieve 10% reduction in admissions to Muckamore Baseline: 25 Target: 22	1 (cum 11)	3 (cum 14)	1 (cum 15)	4 (cum 19)	2 (cum 21)	5 (cum 26)	3 (cum 29)	0 (cum 29)	1 (cum 1)	4 (cum 5)	3 (cum 8)	1 (cum 9)	2 (cum 11)
	95% compliance with Hand Hygiene Monthly Audits (Thompson House)	87.5%	94.2%	95%	100%	91%	95%	100%	100%	100%	100%	100%	96.5%	96.5%

		Quarter 1 (16/17)	Quarter 2 (16/17)	Quarter 3 (16/17)	Quarter 4 (16/17)	Quarter 1 (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)	1 st Quarter 98 (cum 98)	2 nd Quarter 70 (cum 168)	3 rd Quarter 121 (cum 289)	4 th Quarter 98 (cum 387)	1 st Quarter 97 (cum 97)
	Carers Assessments (Physical and Sensory) 10% increase in number of Carers Assessments offered Baseline = 245 Target = 270	1 st Quarter 50	2 nd Quarter 66 (cum 116)	3 rd Quarter 98 (cum 214)	4 th Quarter 61 (cum 275)	1 st Quarter 85
	Carers Assessments(Learning Disability) 10% increase in number of Carers Assessments offered Baseline = 103 Target = 113	1 st Quarter 35	2 nd Quarter 25 (cum 60)	3 rd Quarter 13 (cum 73)	4 th Quarter 33 (cum 106)	1 st Quarter 17
	By March 2017, secure a 5% increase in the number of community based short break hours received by adults across all programmes of care. Baseline = 27, 645 hrs (6, 911hrs / quarter)	1 st Quarter 8048.7 Hours	2 nd Quarter 8116.0 hours (Cum 16163.7 Hrs)	3 rd Quarter 8549.0 Hours (cum 22012.7 Hrs)	4 th Quarter 9163.0 Hours (cum 31175.7 Hours)	1 st Quarter 8884.9 Hours
	Achieve minimum 88% internal environment cleanliness target.	88%	93%	93%	95%	97%

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			JUN	JUL	AUG																												
Discharge	Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.	All patients discharged within the target time during August.	100%	100%	100%																												
	No discharge taking longer than 28 days.	The Trust currently has 11 people awaiting discharge, all of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	11 (11)	10 (10)	8 (8)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Jun</th> <th>Jul</th> <th>Aug</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>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>91-365</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>>365</td> <td>8</td> <td>7</td> <td>5</td> </tr> <tr> <td>Total</td> <td>11</td> <td>10</td> <td>8</td> </tr> </tbody> </table>	Delay in days	Jun	Jul	Aug	0-7	0	0	0	8-28	0	0	0	29-90	0	0	0	91-365	3	3	3	>365	8	7	5	Total	11	10
Delay in days	Jun	Jul	Aug																														
0-7	0	0	0																														
8-28	0	0	0																														
29-90	0	0	0																														
91-365	3	3	3																														
>365	8	7	5																														
Total	11	10	8																														
Resettlement	By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.	Three patients remain to be resettled.	3 people remain to be resettled (one person is receiving active treatment)	3 people remain to be resettled (one person is receiving active treatment)	3 people remain to be resettled (one person is receiving active treatment)																												
Self Directed Support	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach.	Physical Disability	236	236	238																												
		Learning Disability	253	253	297																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	99.4% (2)	100% (0)	100% (0)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	100% (0)	98.4% (5)	99.1% (3)	98.6% (5)	98.5% (4)	99.3% (2)	97.9% (1)	99.1% (3)	98.9% (3)	100% (0)	99.4% (2)	100% (0)	100% (0)
Inter-prison transfer	All prisoners to receive a “Transfer Health Screen” by Prison Healthcare Staff on the day of arrival.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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	JUL 16	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	9	3	3	1	4	3	2	5	6	7	6	3	2
	What % were responded to within the 20 day target? (target 65%)	33%	0%	0%	0%	25%	67%	100%	60%	100%	100%	100%	0%	100%
	How many were outside the 20 day target?	6	3	3	1	3	1	0	2	0	0	0	3	0
Freedom of Information Requests	How many FOI requests were received this month?	1	0	3	1	4	2	0	0	1	0	1	1	0
	What % were responded to within the 20 day target? (target 100%)	0%	0%	33%	0%	75%	50%	n/a	n/a	100%	n/a	0%	100%	n/a
	How many were outside the 20 day target?	1	0	2	1	1	1	0	0	0	0	1	0	0

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			JUN	JUL	AUG																								
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.	99.4%	100%	100%																								
		325	291	257																									
Committal	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>Jun</th> <th>Jul</th> <th>Aug</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;">267</td> <td style="text-align: center;">245</td> <td style="text-align: center;">197</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">58</td> <td style="text-align: center;">46</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;">0</td> </tr> </tbody> </table>			Jun	Jul	Aug	Maghaberry	Committals	267	245	197	Breaches	2	0	0	Hydebank	Committals	58	46	60	Breaches	0	0	0	99.4%	100%	100%	
			Jun	Jul	Aug																								
Maghaberry	Committals	267	245	197																									
	Breaches	2	0	0																									
Hydebank	Committals	58	46	60																									
	Breaches	0	0	0																									
		325	291	257																									
		(2)	(0)	(0)																									
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%																								
		73	39	40																									
		(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%																								
		32	47	39																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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>(13)</p> <p>[0]</p>	<p>100%</p> <p>(2)</p> <p>[0]</p>	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Psychological Therapies waits	All < 13 weeks	34.9%	32.9%	35.4%	38.0%	35.4%	40.2%	40.7%	51.5%	53.8%	54.6%	59.5%	64.1%	60.8%

Adult Services Directorate – Clinical Psychology Services – KPIs

	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR		APR	MAY	JUN	JUL	AUG
Direct Contacts (cum)	1877 (9962)	2032 (11994)	2052 (14046)	2511 (16557)	1689 (18246)	2003 (20,249)	2255 (22,504)	2420 (24,924)		2087	2511 (4598)	2830 (5341)	2227 (7568)	2369 (9937)
Consultations (cum)	87 (428)	91 (519)	104 (623)	95 (718)	94 (812)	119 (931)	89 (1,020)	75 (1095)		92	171 (263)	148 (411)	149 (560)	143 (703)
Supervision - Hours (cum)	99 (573)	118 (691)	107 (798)	137 (935)	121 (1,056)	106 (1,162)	133 (1,295)	119 (1414)		144	162 (306)	156 (462)	146 (608)	156 (764)
Staff training - Hours (cum)	63 (488)	182 (670)	137 (807)	164 (971)	100 (1,071)	56 (1,127)	189 (1,316)	175 (1491)		121	113 (234)	136 (370)	87 (457)	82 (539)
Staff training - Participants (cum)	103 (1031)	415 (1446)	252 (1698)	263 (1961)	506 (2,467)	80 (2,547)	328 (2,875)	137 (3012)		291	410 (701)	563 (1264)	256 (1520)	156 (1676)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	JUL 16	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL
Complaints Handling	How many complaints were received this month?	0	0	0	1	1	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	100%	100%	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			
			JUN	JUL	AUG				
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	59.5%	64.1%	60.8%	Breaches			
			(827)	(772)	(702)	Adult Mental Health	164	198	184
			[335]	[277]	[275]	Older People	14	7	12
						Adult Learn Dis	17	5	4
						Children's Learn Dis	5	0	2
						Adult Health Psych	135	67	73
						Children's Psych	0	0	0
						Total	335	277	275

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	AUG 16	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (3)	100% (1)	100% (5)	100% (3)	100% (2)	100% (5)	100% (1)	100% (2)	100% (1)	100% (1)	100% (2)	100% (1)	100% (4)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	100% (0)	72.2% (5)	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)	95.7% (2)	100% (0)	100% (0)	100% (0)	97.4% (1)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection case conference <15 days from receipt (n) = breaches	68.8% (5)	84% (4)	88.6% (4)	93.8% (1)	89.5% (2)	75% (3)	62.5% (6)	87.5% (3)	83.3% (3)	82.4% (3)	90.3% (3)	100% (0)	70% (6)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	95.2% (1)	100% (0)	96.7% (1)	95.5% (1)	93.3% (1)	100% (0)	100% (0)	100% (0)	100% (0)	86.4% (3)	100% (0)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <30 days from receipt	53.8% (102)	48.2% (118)	94.5% (10)	93.9% (14)	81.8% (30)	88.1% (21)	90.9% (19)	65.6% (63)	63% (47)	74% (47)	86.3% (28)	85.9% (22)	75.7% (50)
	All Family support initial assessment completed <10 days of allocation	27.6%	24.8%	33.9%	26.7%	27.9%	19.4%	43.8%	27.1%	16.8%	24%	32%	26.6%	33.3%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	44.4% (10)	82.9% (6)	61.3% (12)	46.2% (21)	33.3% (18)	94.6% (2)	73.9% (6)	100% (0)	50% (10)	75% (17)	50.9% (28)	50% (20)	44.9% (27)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	100% (0)	95.5% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	98.3% (1)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	99.1% (1)	100% (0)	100% (0)	95.2% (8)	97.4% (3)	97.4% (3)	100% (0)	100% (0)	100% (0)	99.5% (1)	100% (0)	100% (0)	98.7% (2)
Carers Assessments	Carers Assessments 10% increase in number of Carers Assessments offered Baseline = 115 Target = 127	2 nd Quarter 25 (cum 60)		3 rd Quarter 23 (cum 83)			4 th Quarter 21 (cum 104)			Quarter 1 27				
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	165	147	179	166	173	78	85	105	140	146	159	178	155
Unallocated cases	Total number of unallocated cases over 30 days in Children's Services	135	124	150	134	141	55	55	74	94	109	123	88	120

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL	AUG
Fostering	Number of Mainstream Foster Carers	319	310	314	320	320	316	320	325	329	328	332	333	322
	Number of children with Independent Foster Carers	32	28	28	29	28	29	28	29	33	32	35	36	38
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	92.9%	92.5%	95.1%	92.2%	91.9%	93.1%	93.3%	Reported 6 months in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Quarter 2 97.5%		Quarter 3 97.2%			Quarter 4 96.9%			Quarter 1 93.1%		Reported 3 mths in arrears		
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% (reporting is 2 mths in arrears)	50%	45.7%	35.1%	42%	49.9%	44.7%	53.2%	46.7%	48%	51.4%	45%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	224	217	272	242	295	161	180	208	243	249	242	266	236
	Family Centre Waiting List at month end	10	8	6	9	5	6	8	12	13	13	20	20	15
Care Leavers	At least 75% aged 19 in education, training or employment	77%	81%	76%	77%	85%	82%	77%	80%	80%	78%	76%	77%	75%

Children's Services - Corporate Issues

Service Area	Indicator	JUL 16	AUG	SEPT	OCT	NOV	DEC	JAN 17	FEB	MAR	APR	MAY	JUN	JUL
Complaints	How many complaints were received this month?	7	9	19	6	9	3	10	9	6	5	4	13	5
	What % were responded to within the 20 day target? (target 65%)	0%	67%	21%	17%	11%	33%	10%	11%	17%	0%	50%	23%	40%
	How many were outside the 20 day target?	7	3	15	5	8	2	9	8	5	5	2	10	3
Freedom of Information Requests	How many FOI requests were received this month?	1	3	0	4	2	1	4	7	1	3	3	4	0
	What % were responded to within the 20 day target? (target 100%)	0%	33%	n/a	0%	0%	0%	50%	14%	100%	33%	67%	50%	n/a
	How many were outside the 20 day target?	1	2	0	4	2	1	2	6	0	2	1	2	0

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
Children In Care	<p>All children admitted to residential care should, prior to admission:-</p> <p>(1) Have been the subject of a formal assessment to determine the need for residential care.</p> <p>(2) Have had their placement matched through the Children's Resource Panel Process.</p>	<p>% = % compliance</p> <p>(n) = No of children admitted to care this month</p>	<p>100%</p> <p>(2)</p>	<p>100%</p> <p>(1)</p>	<p>100%</p> <p>(4)</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 22 children taken into care during February 2017. 11 children were for Respite/Shared Care and 3 were discharged</p> <p>Of the remaining 8 children, all had a permanence plan in place at the end of August 2017.</p> <p>% = % compliance</p> <p>n = number of children requiring a plan</p> <p>(n)= number of children without permanence plan within 6 months.</p>	<p>100%</p> <p>10</p> <p>(0)</p>	<p>100%</p> <p>8</p> <p>(0)</p>	<p>100%</p> <p>8</p> <p>(0)</p>	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
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% (54) [54]	100% (40) [40]	100% (37) [37]	
	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% (53) [53]	100% (36) [36]	100% (37) [37]	
	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	90.3% (31) [28]	100% (13) [13]	70% (20) [14]	
	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% (10) [10]	100% (19) [19]	100% (19) [19]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JUN	JUL	AUG	
	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	86.3% (205) [177]	85.9% (156) [134]	75.7% (206) [156]	
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	32% (181) [58]	26.6% (109) [29]	33.3% (162) [54]	
	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.	50.9% (57) [29]	50% (40) [20]	44.9% (49) [22]	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st August 2017, 60 children were on the waiting list specifically for diagnostic assessment for ASD. 1 child waiting > 13 wks (Longest wait 92 Days) % = compliance (n) = breaches	100% < 13 wks (0)	100% < 13 wks (0)	98.3% <13 wks (1)	<p>Assessment within 13 wks Target Line</p>

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND				
			JUN	JUL	AUG					
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st August 2017 – total waiters:-	100% (0)	100% (0)	98.7% (2)	<p style="font-size: small; margin-top: 5px;"> █ <13 weeks from assessment to treatment — Target Line </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;">21</td></tr> <tr><td>>4 – 8 wks</td><td style="text-align: center;">34</td></tr> <tr><td>>8 – 13 wks</td><td style="text-align: center;">96</td></tr> <tr><td>> 13 wks</td><td style="text-align: center;">2</td></tr> <tr><td>Total</td><td style="text-align: center;">153</td></tr> </table> <p>Longest wait = 97 days</p> <p>% = compliance (n) = breaches</p>		0 – 4 wks								
0 – 4 wks	21									
>4 – 8 wks	34									
>8 – 13 wks	96									
> 13 wks	2									
Total	153									
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31 st August 2017	159 (242)	178 (266)	155 (236)		Gateway	Disability	FIT	Total
						< 1 wk	27	3	0	30
						1-4 wks	22	7	22	51
						4-8 wks	34	7	19	60
						> 8 wks	63	3	29	95
						Total	146	20	70	236
	Gateway	Disability	FIT	Total						
	97 (146)	10 (20)	48 (70)	155 (236)						

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				(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				
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				
		Target: 60% Quit rate at 4 weeks (n) = number enrolled n = number quit at 4 wks % = Quit rate	26 quit at 4 weeks (62%)				

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				
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	Q1 9				

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				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 and 4.93% for HR.	2016-17 Year End absence was 6.70% (target 6.47%) HR to work collaboratively with the operational Directorates to address absence figures.	Corp 6.34 (cum)				Q1: 2016-17 = 8.57% Q1: 2015-16 = 4.97 Q1: 2014-15 = Not Avail Q1: 2013-14 = 5.81%						
							Q1: 2016-17 = 6.17 % Q1: 2015-16 = Not Avail Q1: 2014-15 = Not Avail Q1: 2013-14 = 4.49%						
Induction	By March 2018, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.		Corp 69% (cum)				Q1: 2016-17 = 79% Q1: 2015-16 = 64% Q1: 2014-15 = 76% Q1: 2013-14 = 68%						
							1 new start has not completed corporate induction.						
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%) both corporately and for HR. New recording mechanism allows for breakdown by Directorate and by named managers. <table border="1" data-bbox="712 1075 1055 1174"> <thead> <tr> <th>April</th> <th>May</th> <th>June</th> </tr> </thead> <tbody> <tr> <td>2%</td> <td>5%</td> <td>9%</td> </tr> </tbody> </table> (Rolling total: July 16 – June 17 = 46%)	April	May	June	2%	5%	9%	Corp 9% (cum)				Q1: 2016-17 = 10% Q1: 2015-16 = 8% Q1: 2014-15 = 8% Q1: 2013-14 = 8%
			April	May	June								
2%	5%	9%											
			19 HR staff appraised Apr17-Jun17										

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
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%				
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%				The Trust plans to hold Working Well with Interpreters training sessions in all 3 Trust locations September/October 2017. All staff who have requested access to the booking system have received access within 24 hours.
	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%				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				
	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				Starting Point 194 units using Corporate Bank. End Q1 221 users

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
HRPTS	By end December 2017 all medical staffing recruitment to be processed through the eRecruitment system.	In relation to medical staffing, Women and Child Health & Psychiatry are currently live with eRec – the key remaining areas are Medicine & Surgery where further progress is dependent on the recruitment of 2 HRPTS systems administrators. This is subject to on-going discussion and agreement at senior management level.	30%				
	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%				
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)	243 Staff attended Health Checks 2802 staff participated in weekly or one off initiatives				

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS 2016/17				TREND
			Q1	Q2	Q3	Q4	
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31 st March 2018						