

Paper No: SET/42/15



Performance Management Framework

Corporate Scorecard

May 2015

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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 2015/16
- 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

SAFE AND EFFECTIVE CARE

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

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS		
			FEB	MAR	APR			
Patient Safety VTE Compliance	Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2015/16 (includes DPU).	Medical	91%	92%	87%			
		Surgical	95%	83%	89%			
		Women & Child Health (inc Maternity)	65%	81%	62%			
		Day Procedure Unit			-			
		SET (exc Maternity)	89%	88%	87%			
Falls Reduction	<p>Trusts will continue to improve compliance with Part B of the 'Fallsafe' Bundle.</p> <p>Trusts will spread the regionally agreed elements of Part A of the 'Fallsafe' bundle and demonstrate an increase each quarter in the % of adult inpatient ward/areas in which 'Fallsafe' bundle has been implemented.</p> <p>Trusts will monitor and provide reports on bundle compliance, the number of incidents of falls, those which cause moderate or more severe harm and the rate per 1,000 bed days.</p>	Falls Reduction		Quarterly Rate	Part A	Part A	Part A	<p>Falls Rate reported on quarterly basis. Information retrieved from PHA, Quality Improvement.</p> <p>For compliance with individual elements of Part A and Part B please see Appendix 1.</p> <p>Total Spread = 100%</p>
		74%	54%	74%				
		Q2 2013		6.5	Part B	Part B	Part B	
		Q3 2013		6.9				
		Q4 2013		6.4	72%	76%	73%	
		Q1 2014		6.8				
		Q2 2014		8.0				
		Q3 2014		6.8				
		Q4 2014		7.2				
		Pressure Ulcer Reduction	<p>From April 2015 establish a baseline for the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were unavoidable.</p> <p>Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days.</p>	Pressure Ulcer Reduction		Quarterly Rate	SKIN Bundle Compliance	
98%	94%			Medical %	Medical 98%	Medical 94%	Medical 91%	
Q2 2013				0.35				88%
Q3 2013				0.40				
Q4 2013				0.42	100%	No Data	86%	
Q1 2014				0.4				
Q2 2014				0.4	GP Wards No Data	GP Wards No Data	GP Wards 80%	
Q3 2014				0.5				
Q4 2014				0.3				
				GP Wards No Data	GP Wards No Data	GP Wards 80%	<p>Pressure Ulcer Rate & Bundle Compliance</p> <p>This is reported on a quarterly basis.</p> <p>Information retrieved from PHA, Quality Improvement Plan.</p> <p>April 15 – Regional SKIN Bundle implemented in Adult inpatient areas / wards.</p>	

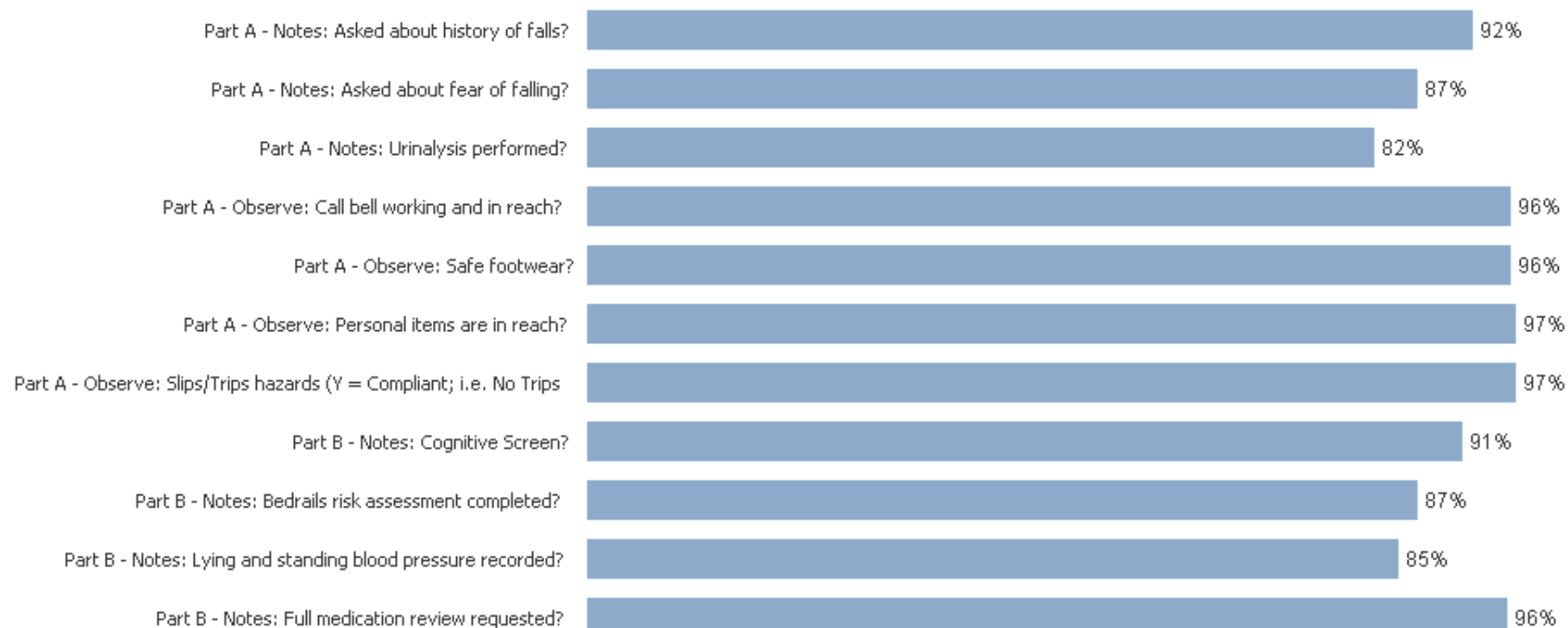
SAFE & EFFECTIVE CARE - All targets reported one month in arrears

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			FEB	MAR	APR	
Sepsis	HSC Safety Forum will work with Trusts to implement and spread Quality Improvement in the Early Management of Sepsis (eg use of the Sepsis 6) in medical assessment units (or in pilot wards by agreement) by March 2016.	<p>First Workshop took place on 15th October 2014.</p> <p>First Working Group meeting to be arranged for November 2014.</p>	<p><u>Ward 12</u></p> <p>Awaiting data</p> <p><u>Maternity</u></p> <p>0%</p>	<p><u>Ward 12</u></p> <p>Awaiting data</p> <p><u>Maternity</u></p> <p>59%</p>	<p><u>Ward 12</u></p> <p>No Data</p> <p><u>Maternity</u></p> <p>67%</p>	<p><u>For compliance with individual elements of Sepsis 6 Bundle see Appendix 2 Sepsis on Medical Wards</u></p> <ul style="list-style-type: none"> Quality Improvement working group set up Sepsis Pathway to be used on the ward has been developed and is being tested Starting to measure compliance with Sepsis 6 for severe sepsis <p><u>Sepsis in Maternity</u></p> <ul style="list-style-type: none"> Sepsis Training completed with Staff Sepsis Maternity pathway for Trust developed and being tested Starting to measure compliance with Sepsis 6 Have 'focus of the month' on different aspects of Sepsis 6 <p>Overall compliance of 0% in Jan/Feb 15 due to Antibiotics not being available in EOU. From 11.2.15 these are now available and March figures should reflect this for this element of the bundle.</p>
NEWS	95% compliance with accurately completed NEWS charts.	<p>Medicine (excludes CCU, ED)</p> <p>Surgical</p> <p>W&CH (Neely Only)</p> <p>SET</p>				<p>Additional commissioning priority for 2015/16.</p> <p>Reporting to commence following receipt of final version of Regional Nursing KPI reporting arrangements for 2015/16</p>

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

TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			FEB	MAR	APR	
Food & Nutrition (MUST)	100% Compliance of the completed MUST tool within 24 hours admission to hospital in all Adult Inpatient Wards by March 2016.	Medicine				Additional commissioning priority for 2015/16. Reporting to commence following receipt of final version of Regional Nursing KPI reporting arrangements for 2015/16
		Surgery				
		W&CH				
		Disability				
		Mental Health				
		SET				

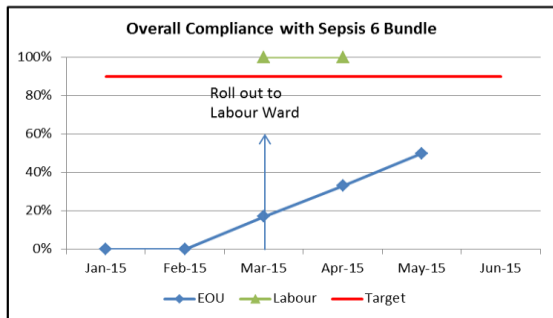
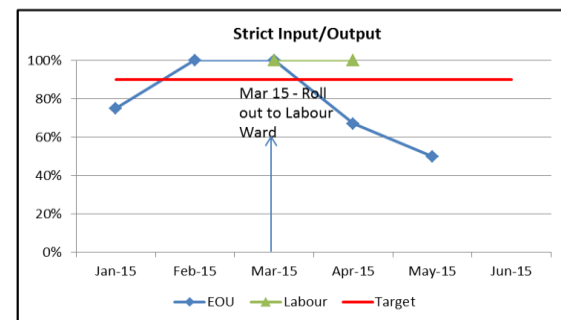
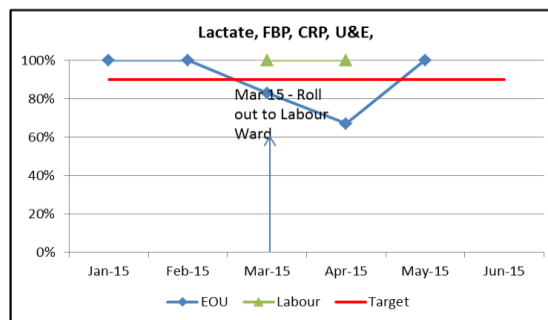
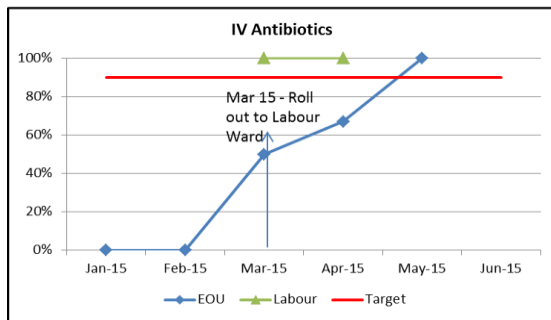
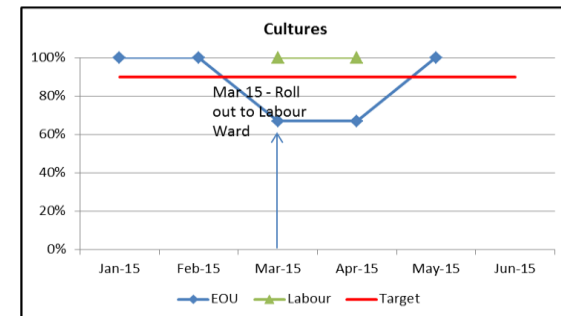
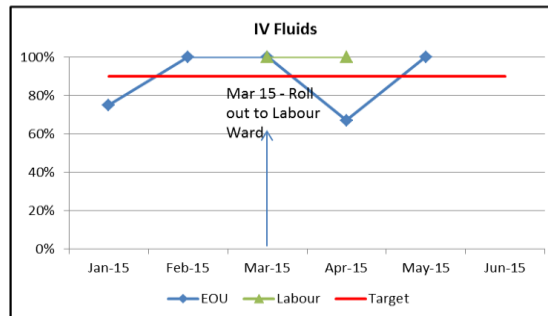
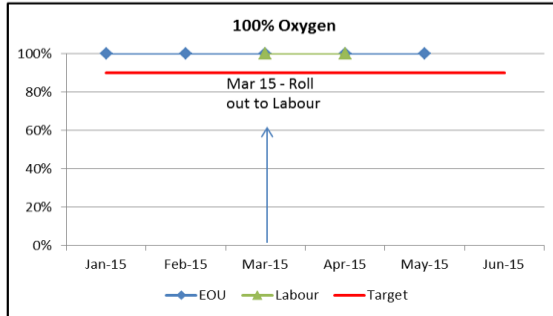
Compliance with individual elements of the FallSafe Bundle for the Trust (Appendix 1)



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



Sepsis Dashboard - Maternity



EOU
 Mar 15 - Roll out to Labour Ward
 Mar 15 - Delay in getting antibiotics due to business of unit
 April 15 - again issues of workload in the unit/documentation
 May 15 - Fluid balance commenced but time not recorded

Labour Ward
 Apr 15 - all patients receive 1 to 1 care
 May 15 - No forms filled out for Labour Ward in May

SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					TREND
			Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	
Environmental Cleanliness	To at least meet the Trust internal cleanliness target score of 88%, and to exceed the regional cleanliness target score of 85%	<p>The regional cleanliness index target is consistently exceeded by all 3 acute hospitals. The SET figure includes other Trust facilities.</p> <p>Overall the Trust consistently exceeds its own internal target for all facilities, although individual facilities may not meet this target.</p>	SET 92%	SET 90%	SET 90%	SET 90%	SET 90%	<p>The chart displays scores for three categories: SET (dark green), UH (red), and LVH (light green). The y-axis ranges from 75 to 100. The x-axis shows quarters from Q4 13/14 to Q4 14/15. A red horizontal line is at 85% and a yellow horizontal line is at 88%. SET scores are consistently above 90%. UH scores are 91%, 85%, 90%, 86%, and 88%. LVH scores are 90%, 92%, 90%, 94%, and 90%.</p>
			UH 91%	UH 85%	UH 90%	UH 86%	UH 88%	
			LVH 90%	LVH 92%	LVH 90%	LVH 94%	LVH 90%	
			DH 94%	DH 94%	DH 94%	DH 94%	DH 93%	

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	
Outpatient waits	Min 60% <9 wks for first appt (was 80% in 14/15)	68.7%	69.6%	65.8%	58.2%	57.9%	55%	49.9%	44.9%	39.9%	40.7%	42.4%	38.7%	35.8%	
	All <18 wks (was 15 wks)	89%	88.5%	85.4%	82.3%	79.5%	74.8%	70.5%	66.2%	60.3%	57.4%	56.4%	60.4%	59.6%	
Diagnostic waits	Imaging (<9 weeks)	98%	97%	97.7%	96.3%	97.2%	97%	95.7%	96.3%	96.5%	95.5%	96.1%	94.6%	95.5%	
	Physiological Measurement (<9 wks)	77.3%	77.5%	75.7%	71.6%	74.6%	71.1%	64.5%	65.5%	60.9%	60.7%	63.2%	61.2%	61.7%	
	Diag < 9 wks	89.7%	88.3%	86.6%	80.4%	79.4%	76.6%	75%	71.7%	61.4%	58%	54.4%	49.8%	47.9%	
	Endoscopies < 13 wks	80.9%	78.6%	78.2%	78.6%	75.7%	71.6%	68.1%	71.3%	70.3%	68.4%	68%	71%	68.4%	
Inpatient & Daycase Waits	Min 65% <13 wks (was 80%)	81.3%	80.1%	80.3%	76.8%	74.9%	72.7%	71.1%	67.6%	64.6%	60.4%	56.9%	55.5%	54.3%	
	All <26 wks	95.8%	95.8%	95%	94.8%	93.6%	93.2%	91.6%	89.3%	87.1%	84.7%	80%	78.9%	77%	
Diagnostic Reporting	Urgent tests reported <2 days	96.1%	96.6%	96.9%	97.2%	96.5%	96.6%	95.7%	96.5%	97%	94%	95.9%	97.3%	97.2%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	80.4%	82.8%	85.5%	81.7%	81.5%	81.1%	82.8%	78.4%	76.8%	76.2%	79.6%	78.6%	81.6%
		12hr breaches	2	6	1	1	28	22	3	45	237	229	100	149	100
	UHD	4hr performance	72.4%	76%	80.1%	74%	73.6%	71.9%	75.3%	69.1%	67.4%	66.6%	71%	68.2%	73%
		12hr breaches	1	6	1	1	28	22	3	45	237	210	97	147	100
	LVH	4hr performance	84.8%	84.8%	86.5%	87.7%	88.7%	92.1%	91.5%	91.4%	84.9%	85.1%	88.2%	88.9%	91.8%
		12hr breaches	0	0	0	0	0	0	0	0	0	3	1	0	0
	DH	4hr performance	90.7%	90.6%	91.9%	91.6%	86.8%	90.2%	93.6%	91.6%	90.3%	86.5%	89%	92.3%	91.9%
		12hr breaches	1	0	0	0	0	0	0	0	0	16	2	2	0
Non Complex discharges	ALL <6hrs	90.5%	91.8%	92.5%	91.3%	92.1%	93.1%	92.2%	93.3%	93.1%	92.2%	92.5%	91.4%	91.4%	
Hip Fractures	>95% treated within 48hrs	69%	81%	83%	56%	75%	96%	93%	93%	78%	89%	84%	71%	85%	
Stroke Services	13% patients with confirmed Ischaemic stroke to receive thrombolysis (was 12%)	14.8%	6%	11.1%	7.3%	6.8%	19%	4.8%	6.8%	11.9%	13%	8.3%	0%	11.4%	
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days	71.8%	73.4%	70.5%	80.2%	53.8%	59.5%	56%	56%	54%	55%	54%	61%	54%	
	All urgent referrals for breast cancer seen within 14 days (n=breaches)	11.9% (177)	20.9% (144)	11.4% (179)	87.2% (28)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	97.8% (4)	94.7% (8)	81.6%	
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.	96%	97%	98.9%	96%	96%	98%	94% (6)	95% (6)	94% (6)	98% (3)	99% (1)	95% (5)	92% (8)	
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Psoriasis (n) - Breaches	100%	50% (1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	99.8%	96%	99.1%	99.4%	98.8%	98.2%	98.7%	99.9%	98.3%	97.4%	97.7%	99.4%	98.2%
	% routine tests reported <28 days (Target formerly 100%)	99.9%	100%	99.9%	99.9%	100%	100%	99.9%	99.9%	100%	99.7%	99.9%	99.9%	99.9%
% Operations cancelled for non-clinical reasons (Target formerly <2%)	SET	0.9%	1.4%	1.7%	1.7%	1.2%	1.2%	1.4%	0.9%	2.1%	1.9%	3.1%	1.4%	1.1%
	UHD	1.3%	1.5%	2.1%	3%	2%	1.1%	2.4%	1.4%	3%	1.8%	2.3%	2.2%	1.8%
	AR	1.5%	1.3%	1.7%	0.5%	0.4%	0.4%	0.6%	1.1%	1.6%	0.5%	10.4%	1.6%	0%
	LVH	0.3%	0.4%	0.6%	0%	0.1%	0.6%	0.9%	0.3%	1%	1.2%	0.5%	0.7%	0.9%
	DH	0.3%	3.1%	2.8%	1.8%	1.7%	3.3%	0.3%	0.3%	1.7%	5.3%	1%	0.3%	0.5%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 39%	Cum 34%	Cum 33%	Cum 33%	Cum 34%	Cum 33%	Cum 33%	Cum 33%	Cum 33%	Cum 32%	Reported 3 mths in arrears		
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 77.7%	Cum 75.6%	Cum 74.6%	Cum 74.7%	Cum 75.7%	Cum 76.3%	Cum 76.7%	Cum 77.6%	Cum 77.7%	Cum 78%	Reported 3 mths in arrears		
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	10610	10582	10868	10438	11043	10708	10070	10442	9997	9529	10814	10912	10996
	Ulster Hospital	7207	7164	7424	7212	7456	7283	7002	7418	6969	6487	7392	7456	7588
	Lagan Valley Hospital	1872	1911	1832	1719	1952	1869	1671	1639	1631	1690	1909	1845	1827
	Downe Hospital (inc w/end minor injuries)	1531	1507	1612	1507	1635	1556	1397	1385	1397	1352	1513	1611	1581
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	11%	10.3%	10.6%	10.5%	10.5%	10.5%	10.6%	11%	11.6%	9.7%	10%	10%	9.6%
	% New O/P appointments cancelled by hospital (Core/WLI) Target <5%	5.1%	5.5%	7.5%	7.2%	8.1%	8.9%	6.1%	6%	5.4%	4.8%	5.9%	6.2%	5.2%
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5696	6015	5713	5156	6242	6211	5492	5189	5541	5822	6594	6250	6090
Other Operative Fractures	>95% within 48hrs	73%	75%	85%	75%	81%	93%	87%	77%	64%	85%	70%	73%	80%
	100% within 7 days	93.8%	100%	100%	96.5%	97%	96.3%	98.5%	97.6%	97.4%	100%	98.8%	100%	98.6%
Stroke	No of patients admitted with stroke	27	33	36	41	44	37	42	44	42	46	36	26	35
ICATS	No patient should wait longer than 9 weeks for first appointment. (n) = breaches	Dermatology	100% (0)		100% (0)		85% (33)			93.6% (26)			92.2% (21)	92.8% (21)
		Ophthalmology	95.2% (11)		83.2% (31)		72% (78)			84.7% (38)			87.1% (28)	86.1% (31)

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.5	6	5.1	6	5.5	5.8	5.5	5.9	5.7	6.3	6.7	6.4	6.3
	Ave LOS trimmed	4.5	4.6	4.4	4.5	4.6	4.5	4.6	4.7	4.7	4.8	5	4.8	4.8
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	12	11.3	13.1	12.3	10.4	10.1	11.5	12.1	13.4	9.8	12	12.1	11.7
	Ave LOS trimmed	7.3	7.1	8.5	7.4	7.4	7.4	7.8	7	7.1	7.4	7.7	7.8	7.6
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	81%	84.8%	85.1%	83.5%	82.9%	82.5%	86.2%	82%	78.4%	77.7%	79.6%	84%	79.8%
	% NEW attendances who left without being seen (Target < 5%)	3.2%	3.1%	2.8%	2.8%	3.3%	3.1%	2.7%	3.2%	2.9%	2.6%	2.4%	3.8%	3.5%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.7%	3.1%	2.9%	3%	2.7%	2.8%	2.7%	2.5%	2.4%	2.5%	2.7%	2.3%	2.8%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	43.2%	46.7%	48.4%	51.4%	46.3%	49%	56.7%	51.3%	55.2%	50%	50.9%	43.3%	51.7%

Hospital Services – Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Complaints	How many complaints were received this month?	31	48	46	51	33	42	39	26	30	25	25	46	35	27
	What % were responded to within the 20 day target? (target 65%)	61%	65%	63%	75%	58%	57%	59%	54%	43%	28%	44%	52%	51%	
	How many were outside the 20 day target?	12	17	17	13	14	18	15	12	17	18	14	22	17	
Freedom of Information Requests	How many FOI requests were received this month?	5	4	3	7	11	10	8	14	6	12	4	5	4	
	What % were responded to within the 20 day target? (target 100%)	60%	75%	67%	100%	55%	70%	63%	86%	100%	58%	100%	60%	75%	
	How many were outside the 20 day target?	2	1	1	0	5	3	3	2	0	5	0	2	1	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Outpatient Waits	From April 2015, at least 60% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 18 weeks. (Previously at least 80% waiting no longer than 9 wks with no one waiting longer than 15 wks)	% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >18 wks (from Apr 15)	42.4% [35543] (20457) {15510}	38.7% [37224] (22845) {14756}	35.8% [39186] (25170) {15840}	
Diagnostic waits	No patient should wait longer than 9 weeks for a diagnostic test.	Imaging (9 wk target) These figures relate to Imaging waits only. [n] = total waiting (n) = breaches <i>N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.</i>	96.1% [3738] (144)	94.6% [3773] (204)	95.5% [3953] (178)	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	63.2% (1144)	61.2% (1285)	61.7% (1474)	
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy. No patient should wait longer than 13 weeks for other endoscopies.	Diagnostic Endoscopies Inpatient / Day Case (9 wk target) (this is a subset of the Day-case target reported overleaf)	54.4% [2290] (1066)	49.8% [2457] (1233)	47.9% [2716] (1414)	
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target)	68% [669] (214)	71% [763] (221)	68.4% [711] (225)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Inpatient & Daycase Waits	From April 2015, at least 65% of inpatients and day cases to be treated within 13 weeks and no patient to wait longer than 26 weeks for treatment.	Inpatients / Daycase – 13 wk target % = % treated within 13 weeks (n) = breaches	56.9% (2966)	55.5% (3209)	54.3% (3440)	<p> ■ IP/DC 13wk ■ All 26 wks — Target Line 13wk — Target Line 26wk </p>
		All Specialties – 26 wk target % = % treated within 26 weeks (n) = breaches (26 wks)	80% (1380)	78.9% (1520)	77.0% (1732)	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In May 2015, 1345 total urgent tests reported, 1307 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	95.9% (61) [1477]	97.3% (34) [1245]	97.2% (38) [1345]	<p> ■ Urgent <2 days — Target Line </p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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.</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>12422</p> <p>[9888]</p> <p>79.6%</p> <p>(100)</p>	<p>SET</p> <p>12585</p> <p>[9887]</p> <p>78.6%</p> <p>(149)</p>	<p>SET</p> <p>12603</p> <p>[10281]</p> <p>81.6%</p> <p>(100)</p>	<p>Legend: UHD (teal), LVH (cyan), DH (yellow), Target (red)</p>
			<p>UH</p> <p>7392</p> <p>[5249]</p> <p>71%</p> <p>(97)</p>	<p>UH</p> <p>7456</p> <p>[5086]</p> <p>68.2%</p> <p>(147)</p>	<p>UH</p> <p>7588</p> <p>[5543]</p> <p>73.0%</p> <p>(100)</p>	
			<p>LVH</p> <p>1909</p> <p>[1684]</p> <p>88.2%</p> <p>(1)</p>	<p>LVH</p> <p>1845</p> <p>[1641]</p> <p>88.9%</p> <p>(0)</p>	<p>LVH</p> <p>1827</p> <p>[1678]</p> <p>91.8%</p> <p>(0)</p>	
			<p>DH</p> <p>1513</p> <p>[1347]</p> <p>89%</p> <p>(2)</p>	<p>DH</p> <p>1611</p> <p>[1487]</p> <p>92.3%</p> <p>(2)</p>	<p>DH</p> <p>1581</p> <p>[1453]</p> <p>91.9%</p> <p>(0)</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>	92.5%	91.4%	91.4%	<p>Legend: Non complex discharges within 6 hrs (teal), Target Line (red)</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% = % treated within 48 hours. n = number of fractures (n) = number < 48 hours [n] = number >48 hours	84% 31 (26) [5]	71% 31 (22) [9]	85% 33 (28) [5]	<p>Hip Fractures</p>
Other Operative Fractures	95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment. No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)	% is performance against 48 hour target. n = number of fractures (n) = number < 48 hours [n] = number >48 hours {n} = number > 7days	70% 82 (57) [25] {1}	73% 82 (60) [22] {0}	80% 69 (55) [14] {1}	<p>Other Fractures</p>
Stroke Services	From April 2015, ensure that at least 13% of patients with confirmed ischaemic stroke receive thrombolysis. (2014/15 Target = 12%)	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	8.3% 3 (36)	0% 0 (26)	11.4% 4 (35)	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment. Stroke Admissions in April lower than usual

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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 27 SET CBYL referrals received during May 2015. All were offered appointments within 24 hours.</p> <p>There were also 18 Belfast Trust and 1 NHSST patients who attended the Ulster Hospital ED – all were passed on to the relevant Trust's CBYL Service.</p> <p>1 DNA</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>(26)</p> <p>[0]</p>	<p>100%</p> <p>(31)</p> <p>[0]</p>	<p>100%</p> <p>(27)</p> <p>[0]</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	<p>% = % who began treatment within 62 days</p> <p>n = number of patients seen</p> <p>(n) = breaches</p> <p>Circumstances can create breaches which are shared with another Trust.</p> <p>In April 2015, 53 patients were seen. There were 20.5 breaches involving 26 patients, of whom 11 were shared.</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Feb was 55%, 63.5, (28.5), now 56%, 64.5 (28.5)</p> <p>Mar was 54%, 61 (28), now 60%, 62 (25)</p>	60%	61%	54%	<p>Legend: 62 Day Target (teal bar), Target Line (red line)</p>
	All urgent breast cancer referrals should be seen within 14 days.	<p>% = % referrals seen within 14 days</p> <p>n = number of referrals</p> <p>(n) = breaches</p>	97.8%	94.7%	81.6%	
	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) = breaches</p>	99%	95%	92%	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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% (4) [0]	100% (2) [0]	100% (7) [0]	
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches	100% (4) [0]	100% (3) [0]	100% (5) [0]	

PRIMARY CARE AND OLDER PEOPLE SERVICES

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	
Allied Health Professions waits	All < 13 weeks	94.3%	96%	96%	94.7%	94.8%	94.7%	94.7%	91.9%	90.2%	93.8%	95.2%		97.4%	96.7%	
Complex Discharges	Min. 90% <48hrs (SET TOR)	73.8%	71.3%	73.8%	75.1%	73.6%	75.9%	75.3%	68.7%	69.1%	73.1%	63.9%		71.1%	72.8%	
	Min. 90% <48hrs (All in SET beds)	75.7%	69.3%	73.4%	74%	73.7%	72.4%	74%	68.2%	65.4%	73.6%	66.3%		73.2%	74.4%	
	ALL <7days	93.2%	91.1%	92.2%	91.4%	90.4%	92.2%	91.7%	85.7%	88.9%	89.5%	83.9%		90.8%	92%	
Unplanned admissions	Reduce by 5% for adults with specified long term conditions. Target for 14/15 = 1604	Q1 489 (cum 489)			Q2 457 (cum 946)			Q3 518 (cum 1464)			Reported quarterly in arrears					
HCAI	Max xx MRSA in year	In Month	1	0	0	0	2	1	0	0	1	1	0		0	1
		Cumulative	2	2	2	2	4	5	5	5	6	7	7		0	1
	Max xx C. Diff. In year	In Month	4	1	6	7	4	5	5	11	11	6	2		5	9
		Cumulative	9	10	16	23	27	32	37	48	59	65	67		5	14
Direct Payments	By March 2016, secure a 10% increase in number of Direct Payment cases (Target = 437 and is shared with Adult Services)	416	425	438	444	447	451	452	461	455	461	463		474	484	

Primary Care and Older People Directorate – HSC Indicators of Performance 2014/15

Service Area	Indicator	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	
Assess and Treat Older People	All assessments completed <5 wks	100%	100%	98% (1)	100%	100%	100%	100%	97.5% (1)	100%	100%	100%		100%	100%	
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	97.4% (1)	100%	98.3% (1)	100%	100%		100%	100%	
Psychiatry of Old Age	No patient should wait longer than 9 weeks for first appointment (n) = breaches	74.7% (80)	76.4% (78)	76.8% (87)	65.4% (128)	74.7% (86)	82.1% (63)	75.8% (85)	64% (136)	59% (160)	61.3% (155)	57.3% (186)		53% (215)	55% (202)	
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs) (n) = breaches	90.6% (7)	95% (3)	94.6% (5)	94.8% (4)	93.6% (3)	89.5% (6)	93.8% (6)	98% (1)	91.2% (5)	86% (6)	77.7% (8)		91.3% (4)	95.5% (3)	
Orthopaedic ICATS	No patient should wait longer than 9 weeks for first appointment (n) = breaches	1 st Quarter 71.4% (403)			2 nd Quarter 58.8% (674)			3 rd Quarter 49.5% (718)			4 th Quarter 55.5% (706)				55.1% (741)	54.5% (736)

PRIMARY CARE AND OLDER PEOPLE SERVICES

Directorate KPIs & SQE Indicators

Service Area	Indicator	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY
Care Provision	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	46%	54%	51%	29%	57%	47%	62%	56%	41%	45%	59%		43%	51%
Older People's Services	20% increase in number of completed E-NISAT Core Assessments. Baseline = 140 Target = 154 / mth	112	160	138	115	135	140	140	136	149	173	139		147	142
	20% increase in number of completed Carers Assessments Baseline = 22 Target = 26 / mth	28	19	12	11	8	11	12	7	29	13	22		18	14

PRIMARY CARE AND OLDER PEOPLE SERVICES

		May 14	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 15	Feb	Mar		Apr	May
NDAdoc GP Out of Hours	Base Visits	1106	982	916	912	845	870	1020	1188	1103	961	1075		1043	1020
	Advice	2804	2295	2329	2396	2027	2145	2346	2838	2747	2506	2550		2477	2607
	Home Visit	358	294	336	348	262	272	282	311	357	305	246		264	289
	TOTAL	4268	3571	3581	3656	3134	3287	3648	4337	4207	3772	3871		3784	3916
Lagandoc GP Out of Hours	Base Visits	1348	1199	1082	1168	1062	1148	1316	1492	1225	1135	1241		1250	1317
	Advice	2095	1716	1661	1637	1438	1577	1861	2297	2193	1887	2122		1929	2062
	Home Visit	164	145	145	181	124	127	150	159	168	152	150		152	169
	TOTAL	3607	3060	2888	2986	2624	2852	3327	3948	3586	3174	3513		3331	3548
Downedoc GP Out of Hours	Base Visits	1092	967	925	924	847	869	975	1040	962	868	893		960	1122
	Advice	968	847	848	953	756	735	901	1104	994	989	1037		950	1077
	Home Visit	57	67	60	45	41	44	53	57	69	72	49		44	55
	TOTAL	2117	1881	1833	1922	1644	1648	1929	2201	2025	1929	1979		1954	2254

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	APR 14	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY
Complaints Handling	How many complaints were received this month?	4	7	8	7	7	12	15	7	10	9	12	9		12	9
	What % were responded to within the 20 day target? (target 65%)	100%	71%	75%	29%	86%	75%	47%	57%	80%	67%	50%	33%		58%	
	How many were outside the 20 day target?	0	2	2	5	1	3	8	3	2	3	6	6		5	
Freedom of Information Requests	How many FOI requests were received this month?	4	5	4	2	2	4	1	0	0	2	2	2		0	
	What % were responded to within the 20 day target? (target 100%)	50%	40%	25%	0%	0%	75%	100%	n/a	n/a	50%	50%	100%		n/a	
	How many were outside the 20 day target?	2	3	3	2	2	1	0	0	0	1	1	0		0	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																													
			MAR	APR	MAY																														
AHP Waits	No patient to wait longer than 13 weeks from referral to commencement of treatment (was 9 weeks up to March 2015).	At 31 st May 2015 of 7345 patients on the AHP waiting list, 243 are waiting longer than 9 weeks.	95.2% [7550] (362)	97.4% [7206] (192)	96.7% [7345] (243)																														
		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Service</th> <th>No on W/L</th> <th>Waiting >9 wks</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>3401</td> <td>2</td> <td style="background-color: yellow;">99.9%</td> </tr> <tr> <td>OT</td> <td>1299</td> <td>93</td> <td style="background-color: red;">92.8%</td> </tr> <tr> <td>Orthoptics</td> <td>268</td> <td>0</td> <td style="background-color: green;">100%</td> </tr> <tr> <td>Podiatry</td> <td>881</td> <td>3</td> <td style="background-color: yellow;">99.7%</td> </tr> <tr> <td>S&LT</td> <td>525</td> <td>2</td> <td style="background-color: yellow;">99.6%</td> </tr> <tr> <td>Dietetics</td> <td>691</td> <td>132</td> <td style="background-color: red;">80.9%</td> </tr> <tr> <td>MDT</td> <td>280</td> <td>11</td> <td style="background-color: yellow;">96.1%</td> </tr> </tbody> </table> <p>[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >9 wks	Compliance	Physio	3401	2	99.9%	OT	1299	93	92.8%	Orthoptics	268	0	100%	Podiatry	881	3	99.7%	S<	525	2	99.6%	Dietetics	691	132	80.9%	MDT	280	11	96.1%	
Service	No on W/L	Waiting >9 wks	Compliance																																
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Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients from SET Trust of Residence in NI acute beds. (Source: HSCB Web Portal). (n) = 48 hr breaches Revisions post validation:- Mar was 64.5% (100) now 63.9% (101) Apr was 71.9% (81) now 71.1% (82) SET Key reasons:- <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	63.9% (101)	71.1% (82)	72.8% (90)																														

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients in SET beds. (n) = complex discharges. BHSCT reasons:- <ul style="list-style-type: none"> • No Domiciliary Care Package • Community Equipment Delays Revisions post validation:- Apr was 73.6% (530) now 73.2% (522) There were also corresponding changes in the Trust of residence figures.	66.3% (514) >48 hrs By Trust of res SET 121 BT 47 ST 2 NT 3	73.2% (522) >48 hrs By Trust of res SET 90 BT 45 ST 1 NT 4	74.4% (563) >48 hrs By Trust of res SET 94 BT 48 ST 2	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying patients in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions Post Validation:- Apr was 90.9% (48) now 90.8% (48)	83.9% 513 (83)	90.8% 522 (48)	92% 563 (45)	<p style="text-align: center;"> ■ SET Residents — Target Line </p>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					TREND
			Q4	Q1 14/15	Q2	Q3	Q4	
Unplanned Admissions	By March 2015 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	13/14 Baseline = 1688 14/15 Target = 1604 Reporting in arrears - Quarter 4 figures for 2014/15 will be available in the June Report.	635 (cum 2208)	489 (cum 489)	457 (cum 946)	518 (cum 1464)		

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND									
			MAR	APR	MAY										
HCAI	By March 2015, secure a further reduction of 9% in Clostridium Difficile and MRSA bloodstream infections in patients >= 2 years of age.		C Diff 2 (cum 67)	C Diff 5 (cum 5)	C Diff 9 (cum 14)										
		<table border="1"> <thead> <tr> <th></th> <th>2014/15 Total</th> <th>2015/16 Target</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td style="background-color: red; color: white;"> Actual 67 Target <50 </td> <td style="background-color: red; color: white;"> Target to be confirmed </td> </tr> <tr> <td>MRSA</td> <td style="background-color: lightgreen;"> Actual 7 Target <11 </td> <td style="background-color: lightgreen;"> Target to be confirmed </td> </tr> </tbody> </table>		2014/15 Total	2015/16 Target		C Diff	Actual 67 Target <50	Target to be confirmed	MRSA	Actual 7 Target <11	Target to be confirmed	MRSA 0 (cum 7)	MRSA 0 (cum 0)	MRSA 1 (cum 1)
			2014/15 Total	2015/16 Target											
C Diff	Actual 67 Target <50	Target to be confirmed													
MRSA	Actual 7 Target <11	Target to be confirmed													
April figures subject to validation															

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Long-Term Conditions	By March 2016, deliver 78,000 Monitored Patient Days (equivalent to approx 550 patients) from the provision of remote tele-monitoring services through the Tele-monitoring NI contract.	<p>For 2015-16, a target of 78,000 patient target days is in place for the South Eastern Trust.</p> <p>At year end (2014-15) on Telehealth alone (TF3), SET just missed the targets by 2740 MPD i.e. 4%. The plan is to try and achieve this activity on TF3 telehealth alone.</p> <p>The CCH are <u>not including</u> D-NAV activity.</p> <p>If there is a shortfall towards the end of the year we will be able to utilize u-tell activity.</p> <p>n = Monitored Patient Days per month</p> <p>Monthly target = 6500 MPD</p>	<p>In month</p> <p>7174</p> <p>110%</p> <p>Cumulative:</p> <p>75260</p> <p>96.5%</p>	<p>In month</p> <p>6880</p> <p>105.8%</p> <p>Cumulative:</p> <p>6880</p> <p>105.8%</p>	<p>Data reported one month in arrears</p>	Telemonitoring for Telehealth has slipped slightly in April but expected with some seasonal variation.
Long-Term Conditions	By March 2016, deliver 90,132 telecare monitored patient days (equivalent to approximately 244 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract.	<p>The Trust has started the process of educating practitioners about the system and referrals have been placed.</p> <p>Work is being undertaken to enable electronic referrals and this will hopefully be in place in June</p> <p>Monthly target = 7511 MPD</p>	<p>In month</p> <p>5752</p> <p>94%</p> <p>Cumulative</p> <p>57249</p> <p>78%</p>	<p>In month</p> <p>4675</p> <p>62.2%</p> <p>Cumulative:</p> <p>4675</p> <p>62.2%</p>	<p>Data reported one month in arrears</p>	I have requested additional funding of £20K, with the intention of placing a higher focus on telecare in 2015-16 working closely with Rachel Gibbs from an OT perspective and looking beyond PCOP. This will be challenging as it will increase the target by a further 50 clients.
Direct Payment	By March 2016, secure a 10% increase in number of Direct Payment cases across all programmes of care (Target = 437 and is shared with Adult Services)		463	474	484	

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Adult MH Services waits	All < 9 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge and Follow-up	99% < 7days of decision to discharge	100%	100%	99%	97.1%	98.8%	99%	99%	100%	98%	98%	98%	100%	100%
	All < 28 days (no. Breaches)	2	2	5	4	4	2	7	8	6	4	1	3	2
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	97%	100%	98%

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

Service Area	Indicator	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Young people in adult wards	Number of inpatients in adult Mental Health wards under 18 years	1	0	0	0	0	0	0	0	0	0	0	0	0
	Percentage of all inpatients in adult Mental Health wards under 18 years	1.3%	0	0	0	0	0	0	0	0	0	0	0	0

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	
Mental Health	100% of Mental Health records to be available for outpatient clinics.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	95% of GP Assessment Centre Letters to be posted with 10 days.	Reporting to commence in October 2014						92.5%	Not Avail	D/L – 94%	92%	90%	Down 60%	Down 51%	Down 73.7%
		NDA – 100%	Lisburn 97%	Lisburn 100%	NDA 100%										

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	APR 14	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY
Complaints Handling	How many complaints were received this month?	7	5	5	8	6	1	6	4	2	1	1	1		3	2
	What % were responded to within the 20 day target? (target 65%)	0%	40%	40%	75%	17%	0%	67%	50%	50%	100%	100%	100%		100%	
	How many were outside the 20 day target?	7	3	3	2	5	1	2	2	1	0	0	0		0	
Freedom of Information Requests	How many FOI requests were received this month?	0	0	1	1	1	1	0	1	0	0	1	3		1	
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	0%	0%	0%	0%	n/a	0%	n/a	n/a	100%	33%		100%	
	How many were outside the 20 day target?	0	0	1	1	1	1	0	1	0	0	0	2		0	

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Waiting Times For Assessment And Treatment	No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services.	% = % compliance (n) = number on waiting list [n] = number waiting > 9 weeks	100% (549) [0]	100% (487) [0]	100% (508) [0]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 79 discharges in May 2015, All were discharged within 7 days.	98%	100%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	2 patient discharge delays in May 2015 – pending accommodation and this is being addressed.	1	3	2	
	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 60 SET discharges in May 2015 for follow up within 7 days. 59 were offered appointments within 7 days. 58 seen, 1 not seen within 7 days and 1 CNA.	97%	100%	98%	
Resettlement	By March 2015, resettle the remaining long-stay patients in psychiatric hospitals to appropriate places in the community.	Remaining long-stay population have now been resettled and the PFA target has been met in full. This has been acknowledged by Linus McLaughlin at HSCB.	Target Met	Target Met	Target Met	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Discharge	99% <7days of decision to discharge	100%	100%	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	99%
	All <28 days (no of Breaches)	10	10	8	8	7	8	8	6	6	7	7	9	10
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community.													
Direct Payments	Number of Direct Payment cases (Target was 378 – Target shared with PC&OP)	416	425	438	444	447	451	452	461	455	461	463	474	484

Adult Services Directorate – Disability Services - HSC Indicators of Performance

Service Area	Indicator	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Assess and Treat (Phys. Dis.)	ALL assessments completed <5 weeks	100%	100%	100%	Zero return	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	100%	Zero return	100%	100%	100%	100%	100%	100%	100%	Zero return	100%

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Adult Learning Disability /Adult Disability	Achieve 10% reduction in admissions to Muckamore Baseline: 39 Target: 33	4 (cum 6)	1 (cum 7)	1 (cum 8)	2 (cum 10)	3 (cum 13)	3 (cum 16)	3 (cum 19)	1 (cum 20)	0 (cum 20)	2 (cum 22)	1 (cum 23)	1 (cum 1)	3 (cum 4)
	100% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	95%	94%	97%	100%	100%	97.5%	97.5%	97%	100%	100%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

		Quarter 4 (13/14)		Quarter 1 (14/15)	Quarter 2 (14/15)	Quarter 3 (14/15)	Quarter 4 (14/15)
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 91 (cum total 323)		1 st Quarter 122	2 nd Quarter 75 (cum total 197)	3 rd Quarter 132 (cum total 329)	4 th Quarter 94 (cum total 423)
	Increase provision of alternative to bed based short breaks. Baseline = 14,800 hrs (3,700 / quarter)	New KPI target for 14/15		1 st Quarter 5095 hours	2 nd Quarter 6299 hrs (cum 11,394)	3 rd Quarter 3856 hrs (cum 15,250)	4 th Quarter 4118 hrs (cum 19,368)
	Achieve minimum 88% internal environment cleanliness target.	90%		93%	87%	93%	91%

Adult Services Directorate – Disability Services – Corporate Issues

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY
Complaints Handling	How many complaints were received this month?	1	1	2	1	3	2	3	4	1	1	0	1		0	2
	What % were responded to within the 20 day target? (target 65%)	0%	100%	100%	100%	100%	100%	67%	75%	100%	100%	n/a	100%		n/a	
	How many were outside the 20 day target?	1	0	0	0	0	0	0	1	1	0	0	0		0	
Freedom of Information Requests	How many FOI requests were received this month?	0	0	2	3	3	1	4	0	1	0	1	0		1	
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a	0%	67%	33%	0%	0%	n/a	0%	n/a	0%	n/a		0%	
	How many were outside the 20 day target?	0	0	2	1	2	1	4	0	1	0	1	0		1	

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			MAR	APR																													
Discharge	Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.	Three patients discharged within the target time during May.	100%	100%	99%																												
	No discharge taking longer than 28 days.	The Trust currently has 10 people awaiting discharge, 9 of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	9 (7)	9 (9)	10 (9)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Mar</th> <th>Apr</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>0-7</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>8-28</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>29-90</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td>91-365</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>>365</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>Total</td> <td>9</td> <td>9</td> <td>10</td> </tr> </tbody> </table>	Delay in days	Mar	Apr	May	0-7	1	0	1	8-28	1	0	0	29-90	1	2	2	91-365	0	1	1	>365	6	6	6	Total	9	9
Delay in days	Mar	Apr	May																														
0-7	1	0	1																														
8-28	1	0	0																														
29-90	1	2	2																														
91-365	0	1	1																														
>365	6	6	6																														
Total	9	9	10																														
Resettlement	By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.	At 30 th April there were 9 people who had not commenced resettlement. Of these 3 will progress over the next few weeks, 1 is detained and 1 is terminally ill. The remaining 4 were scheduled to be placed with ALI in a Bangor scheme however there have been issues regarding planning permission and the Trust is now progressing alternative placements.	At the end of March the Trust has resettled 45 people and 2 have commenced the process. 9 remain to be progressed	2 have commenced the process. 9 remain to be progressed	7 people remain to be resettled																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard 2014/15

Service Area	Target	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	99.6% (1)	99.7% (1)	100%	99.6% (1)	99.7% (1)	99.7% (1)	100% (0)	100% (0)	99.7% (1)	96.6% (2)	99.6% (1)	100% (0)	100% (0)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	100% (0)	99.4% (2)	99.3% (2)	99.6% (1)	99.7% (1)	100% (0)	100% (0)	100% (0)	100% (0)	98.2% (5)	100% (0)	98.4% (1)	99% (3)
Inter-prison transfer	All prisoners to receive a “Transfer Health Screen” by Prison Healthcare Staff on the day of arrival.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Routine Medical Appointments	Following Triage by Healthcare staff, where a prisoner is found to require a non-urgent appointment with a doctor this will be accommodated within 14 days.	99.8%	92.4%	87.3%	96.4%	99.4%	100%	99.5%	99.1%	96%	90.8%	89.1%	91.7%	87%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

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

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			MAR	APR	MAY																								
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.	99.6%	100%	100%																								
		272	296	301																									
		(1)	(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; margin-bottom: 10px;"> <thead> <tr> <th></th> <th></th> <th style="text-align: center;">Mar</th> <th style="text-align: center;">Apr</th> <th style="text-align: center;">May</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;">218</td> <td style="text-align: center;">233</td> <td style="text-align: center;">243</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank*</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">54</td> <td style="text-align: center;">63</td> <td style="text-align: center;">58</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;">3</td> </tr> </tbody> </table> * There were 7 Prisoners in Hydebank who were released with 72 hours and therefore did not require a Comprehensive Health Assessment.			Mar	Apr	May	Maghaberry	Committals	218	233	243	Breaches	0	0	0	Hydebank*	Committals	54	63	58	Breaches	1	1	3	100%	98.4%	99%	
		Mar	Apr	May																									
Maghaberry	Committals	218	233	243																									
	Breaches	0	0	0																									
Hydebank*	Committals	54	63	58																									
	Breaches	1	1	3																									
		272	296	301																									
		(0)	(1)	(3)																									
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%																								
		64	75	76																									
		(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%																								
		52	53	61																									
		(0)	(0)	(0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
Routine Medical Appointments	Following triage by Healthcare staff, where a prisoner is found to require a non-urgent appointment with a doctor this will be accommodated within 14 days.	<p>% = performance</p> <p>n = total appointment requests</p> <p>(n) = breaches</p>	<p>89.1%</p> <p>791</p> <p>(86)</p>	<p>91.7%</p> <p>774</p> <p>(64)</p>	<p>87%</p> <p>712</p> <p>(92)</p>	All breaches in Maghaberry
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>(11)</p> <p>[0]</p>	<p>100%</p> <p>(15)</p> <p>[0]</p>	<p>100%</p> <p>(19)</p> <p>[0]</p>	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Mental Health Services– Commissioning Plan Targets Dashboard 2013/14

Service Area	Target	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Psychological therapies waits	All < 13 weeks	68.6%	64.5%	66.4%	58%	57.8%	55.7%	55.5%	45.3%	44.9%	47%	43.5%	47.2%	47.4%

Adult Services Directorate – Clinical Psychology Services – KPIs

	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY
Direct Contacts (cum)	3314 (5756)	2835 (8591)	2301 (10892)	1803 (12695)	2175 (14870)	2751 (17621)	2220 (19841)	1697 (21538)	2262 (23800)	2449 (26249)	2463 (28712)	2400	1949 (4379)
Consultations (cum)	284 (484)	274 (758)	78 (836)	101 (937)	152 (1089)	147 (1236)	105 (1341)	90 (1431)	119 (1550)	115 (1665)	134 (1799)	105	116 (221)
Supervision - Hours (cum)	147.5 (302.75)	179.5 (482.25)	129 (611.25)	91.5 (702.75)	151 (853.75)	156 (1009.75)	126.5 (1136.25)	91 (1227.25)	117 (1344.25)	100 (1444.25)	108 (1552.25)	127.5	129.5 (257)
Staff training - Hours (cum)	167 (275)	109.5 (384.5)	110 (494.5)	63 (557.5)	167.5 (725)	154.5 (879.5)	152 (1031.5)	48.5 (1080)	88 (1168)	78.5 (1246.5)	160.5 (1407)	96.5	100 (196.5)
Staff training - Participants (cum)	401 (752)	434 (1186)	143 (1329)	99 (1428)	399 (1827)	271 (2098)	425 (2523)	174 (2697)	102 (2799)	191 (2990)	231 (3221)	211	319 (530)

Adult Services Directorate – Psychology Services - Corporate Issues

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

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																								
			MAR	APR	MAY																									
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance (n) = number on waiting list [n] = number waiting > 13 weeks	43.5%	47.2%	47.4%	<table border="1"> <thead> <tr> <th>Breaches</th> <th>Apr</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>Adult Mental Health</td> <td>337</td> <td>332</td> </tr> <tr> <td>Older People</td> <td>30</td> <td>34</td> </tr> <tr> <td>Adult Learn Dis</td> <td>8</td> <td>8</td> </tr> <tr> <td>Children's Learn Dis</td> <td>4</td> <td>2</td> </tr> <tr> <td>Adult Health Psych</td> <td>100</td> <td>98</td> </tr> <tr> <td>Children's Psych</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>479</td> <td>474</td> </tr> </tbody> </table>	Breaches	Apr	May	Adult Mental Health	337	332	Older People	30	34	Adult Learn Dis	8	8	Children's Learn Dis	4	2	Adult Health Psych	100	98	Children's Psych	0	0	Total	479	474
			Breaches	Apr	May																									
			Adult Mental Health	337	332																									
			Older People	30	34																									
Adult Learn Dis	8	8																												
Children's Learn Dis	4	2																												
Adult Health Psych	100	98																												
Children's Psych	0	0																												
Total	479	474																												
864	907	895																												
[487]	[479]	[474]																												

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (3)	100% (1)	100% (6)	100% (6)	100% (3)	100% (6)	100% (2)	100% (2)	100% (3)	100% (4)	100% (1)		100% (4)	100% (7)
	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)	91.7% (1)	100% (0)	83.3% (1)	100% (0)	75% (5)		100% (0)	85.7% (1)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100%	98.3% (2)	100%	94.1% (4)	99.2% (1)	99.1% (1)	100% (0)	98.6% (1)	98.9% (1)	97% (3)	100% (0)		98.6% (1)	99.1% (1)
	All Child protection initial assessment <15 days from receipt (n) = breaches	73.9%	62.2%	49.5%	62.2%	68%	60.3%	46.6%	100%	73.9%	100%	98.7% (1)		98.4% (1)	100%
	All Child protection case conference <15 days from receipt (n) = breaches	83.3% (4)	100% (0)	90.6% (3)	100% (0)	100% (0)	100% (0)	93.3% (1)	75% (2)	92.3% (1)	100%	93.3% (1)		94.7% (1)	87.5% (2)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	95.8% (1)	78.6% (3)	80.8% (5)	85.7% (2)	80% (4)	89.3% (3)	100% (0)	73.3% (4)	100% (0)	95% (1)	72.7% (6)		86.7% (4)	92.9% (1)
	All Family Support referrals for assessment to be allocated <30 days from receipt	95% (10)	94.3% (11)	85.1% (27)	80.7% (35)	95.9% (8)	94.6% (11)	87.7% (23)	89.4% (17)	78.5% (49)	91.1% (18)	94.2% (13)		92.2%	91%
	All Family support initial assessment completed <10 days of allocation	20.3%	26.7%	28.8%	34.6%	38.8%	40.1%	34.6%	23.5%	36.2%	29%	35.5%		37.6%	38.7%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days	57.4%	51%	53.2%	65.7%	56.5%	70.5%	71%	64.7%	58.7%	57.1%	72.5%		82.9%	96.3%
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	94.3% (6)	80.5% (25)	63.6% (60)	50% (88)	46.5% (91)	44.2% (86)	61.9% (53)	59.6% (56)	59.3% (61)	53.5% (59)	53.9% (59)		46.9% (68)	54.3% (63)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	85.5% (9)	100% (0)	100% (0)	96% (2)	100% (0)	100% (0)	100% (0)	94.1% (3)	96.9% (2)	87.2% (10)	100% (0)		100% (0)	87.5% (4)
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	82	100	125	81	104	115	133	149	101	116	150		167	184

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	MAY 14	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY
Fostering	Number of Mainstream Foster Carers	338	339	341	339	293	291	283	279	287	296	291		297	308
	Number of children with Independent Foster Carers	13	13	12	12	12	12	11	11	13	13	15		15	15
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	94.6%	95.5%	95%	96%	93.9%	95.1%	94.4%	Reported 6 mths in arrears						
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Quarter 1 93.8%		Quarter 2 97.8%			Quarter 3 97.4%			Quarter 4 96.6%			Reported in arrears		
	Increase the % of women who receive the recommended ante-natal visit by a Health Visitor to 50% by March 2014 (reporting is 2 mths in arrears)	44.2%	42.4%	43.5%	49.6%	42.6%	48.6%	48.9%	45.9%	45.1%	46.3%	50.7%	Reported 2 mths in arrears		
Safeguarding	Total Unallocated Cases at month end	165	199	167	145	174	184	201	233	168	198	236		243	279
	Family Centre Waiting List at month end	23	23	24	22	21	24	29	29	33	33	33		31	25
Care Leavers	At least 75% aged 19 in education, training or employment	71%	75%	78%	74%	73%	73%	70%	76%	76%	78%	78%		77%	70%

Children's Services - Corporate Issues

Service Area	Indicator	APR 14	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY
Complaints	How many complaints were received this month?	5	5	6	10	10	6	7	4	5	8	5	11		9	10
	What % were responded to within the 20 day target? (target 65%)	40%	60%	83%	60%	50%	100%	14%	25%	40%	25%	40%	45%		44%	
	How many were outside the 20 day target?	3	2	1	4	5	0	6	3	3	6	3	6		5	
Freedom of Information Requests	How many FOI requests were received this month?	4	5	3	5	1	0	5	3	2	4	6	3		1	
	What % were responded to within the 20 day target? (target 100%)	25%	40%	67%	20%	100%	n/a	60%	0%	50%	75%	50%	67%		0%	
	How many were outside the 20 day target?	3	3	1	4	0	0	2	3	1	1	3	1		1	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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>Seven children were admitted to care during May 2015.</p> <p>All placements were subject to formal assessment and went through the Children's Resource Panel.</p>	<p>100%</p> <p>(1)</p>	<p>100%</p> <p>(4)</p>	<p>100%</p> <p>(7)</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 19 children taken into care during November 2014. Six children were respite / shared care and six children were discharged from care.</p> <p>Of the remaining 7 children, 6 had a permanence plan in place at the end of May 2015.</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>75%</p> <p>20</p> <p>[5]</p>	<p>100%</p> <p>9</p> <p>[0]</p>	<p>85.7%</p> <p>7</p> <p>[1]</p>	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			MAR	APR	MAY	
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% (91) [91]	98.6% (69) [68]	99.1% (112) [111]	
	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 10 working days of original referral being received.	98.7% (75) [74]	98.4% (63) [62]	100% (101) [101]	
	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	93.3% (15) [14]	94.7% (19) [18]	87.5% (16) [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 10 working days.	72.7% (22) [16]	86.7% (30) [26]	92.9% (14) [13]	
	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 20 days	94.2% (224) [211]	92.2% (231) [213]	91% (201) [183]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND									
			MAR	APR	MAY										
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	35.3% (139) [49]	37.6% (178) [67]	38.7% (150) [58]										
	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 20 working days.	72.5% (51) [37]	82.9% (35) [29]	96.3% (27) [26]										
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st May 2015, 138 children were on the waiting list specifically for diagnostic assessment for ASD. 63 children waiting > 13 wks (longest wait 263 days) % = compliance (n) = breaches	53.9% < 13 wks (59)	46.9% < 13 wks (68)	54.3% < 13 wks (63)	<p>Assessment within 13 wks Target Line</p>									
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st May 2015 - total waiters:- <table border="1" style="margin-left: 20px;"> <tr><td>0 – 4 wks</td><td>14</td></tr> <tr><td>>4 – 8 wks</td><td>7</td></tr> <tr><td>>8 – 13 wks</td><td>7</td></tr> <tr><td>> 13 wks</td><td>4</td></tr> <tr><td>Total</td><td>32</td></tr> </table> Longest wait = 114 days % = compliance (n) = breaches	0 – 4 wks	14	>4 – 8 wks	7	>8 – 13 wks	7	> 13 wks	4	Total	32	100% (0)	100% (0)	87.5% (4)
0 – 4 wks	14														
>4 – 8 wks	7														
>8 – 13 wks	7														
> 13 wks	4														
Total	32														

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE				PERFORMANCE			TREND				
						MAR	APR	MAY					
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31 st May 2015				150 (236)	167 (243)	184 (279)					
		Gateway	Disability	FIT	TOTAL				< 1 wk	Gate way	Disa bility	FIT	Total
		33	4	147	184				1-4 wks	15	6	12	33
									4-8 wks	33	4	25	62
									> 8 wks	17	1	32	50
					Total	81	14	184	279				

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: 90 individuals enrolled in the service (achieved)		39 (cum 39)	32 (cum71)	50 (cum 121)	
		Target: 60% Quit rate at 4 weeks n = number enrolled n = number quit at 4 wks % = Quit rate		12 30.8%	25 78.1%	33 66%	
Smoking and Pregnancy	To deliver a stop smoking service to pregnant women	Target: 88 individuals enrolled in the service. n = number enrolled		10 (cum 10)	10 (cum 20)	62 (cum 82)	There was a lot of work done re building up client base in quarters 2 and 3, with a concerted push in Quarter 4.
		Target: 60% Quit rate at 4 weeks n = number quit at 4 wks % = Quit rate		7 70%	7 70%	38 61.3%	

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	551	578	601	559	
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	10 (cum 10)	27 (cum 37)	26 (cum 63)	20 (cum 83)	

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND						
			Q1	Q2	Q3	Q4							
Absenteeism	By March 2015 Absenteeism to be reduced to 5%	HR to work collaboratively with the operational Directorates to address absence figures to the regional target of 5%.					Ongoing regional issues with the reporting and recording functionality of HRPTS have made it impossible to report on absence, solutions are being investigated on a regional basis.						
Investors In People	By March 2015 100% of Corporate Directorates to maintain IiP accreditation using an internal review approach.	Trust wide accreditation maintained using Internal Review approach 2014/17. Rolling programme endorsed by EMT will start in January 15. Preparation ongoing.	0%	0%	0%	100%							
Induction	By March 2015, 100% of new staff to attend corporate induction programme within the first 3 months of their start date.	A blended approach is used for Corporate Induction which means that all new starts must complete an eLearning module and then a classroom session.	76% (cum)	80% (cum)	65% (cum)	66% (cum)	Q4: 2013-14 = 76% Q4: 2012-13 = 79% Q4: 2011-12 = 74%						
KSF Appraisal	By March 2015, 90% of all staff to have a KSF Appraisal to include a PDP and mandatory training requirements.	<p>New recording mechanism allows for breakdown by Directorate and by named managers.</p> <table border="1"> <thead> <tr> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>30%</td> <td>33%</td> <td>39%</td> </tr> </tbody> </table> <p>(Rolling total Apr 14 to Mar 15 is 39%)</p>	Jan	Feb	Mar	30%	33%	39%	8% (cum)	15% (cum)	26% (cum)	39% (cum)	Q4: 2013-14 = 38% Q4: 2012-13 = 30% Q4: 2011-12 = 2198%%
Jan	Feb	Mar											
30%	33%	39%											

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
KSF Appraisal	By March 2015, 95% of Medical staff to have had an appraisal and an agreed PDP	All medical staff must have completed an appraisal for revalidation purposes.	98%	98%	98%	98%	
E-Learning	To increase the use of e-Learning by 30% for Training by March 2015.	A new, upgraded portal will be introduced at the end of July to support improved access to eLearning. Development of new training material will continue.	-13%	- 10%	- 6%	-3%	1 st Quarter reflects transition period from old to new portal – technical problems with old portal and preparatory testing of new have initially hindered access to courses.
Equality	To increase levels of ethnic monitoring in CHS and NIMATS to 50% by March 2015, supported by information packs and training materials.	Improved data regarding BME service users to include potential gaps. Launch of Guide on Ethnic Monitoring of Service Users in HSC (NI).	Figs from HSCB still to be released	20%	40%	45%	Meeting has taken place and information sent prior to Regional Midwives Conference. Ethnic Monitoring Information has been sent to Trust Nursing Staff <ul style="list-style-type: none"> • CHS above 50% • NIMATS information still to be released
	To ensure that all Trust policies and procedures are screened and reported on a quarterly basis through the intranet.	Policies and Procedures are Equality Screened by author with advice and guidance from Equality Managers. Quarterly Screening Report available on Trust Website.	100%	100%	100%	100%	All Trust policies are Equality Screened and the QSR published on Trust Website
HRPTS	80% of Managers to use on-line systems, replacing manual processes by March 2015.	Deployment of MSS to all managers completed by end of June (with the exception of Medical staff). Ongoing work to promote and encourage use of new systems. Figure reflects managers logged on and using system. Some functions of the system held back pending further development.	83%	86%	89%	95%	Deployment Plan developed for January-August 2015

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Recruitment	By March 2015, to improve recruitment times to 25 days from date released from Scrutiny to Final Offer – excluding Access NI & Occupational Health.		25 days	44 days	N/A	30 days	Significant decrease in number of days between date released and final offer partly due to reduced recruitment activity from November to date with business critical posts only being released. Due to funding being awarded to the Trust for nursing posts, checks commenced prior to posts being released – this also impacted on the outcome.
Bank	By March 2015 reduce Agency usage within all Corporate Bank Users to 15% and increase Bank usage to 85%.		Bank 80% Agency 20%	Bank 81% Agency 19% Cum Bank 80.5%	Bank 83% Agency 17% Cum Bank 81.5%	Bank 88% Agency 12% Cum Bank 83%	
	By March 2015 to increase the Users of the Corporate Bank Service by 25%.	April 2014 starting point – 82 Units using Corporate Bank.	7% Increase in new users	1% increase in new users Cum 8%	7% increase in new users Cum 14.6%	4.2% increase in new users Cum 19.5%	

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	Progress				TREND
			Q1	Q2	Q3	Q4	
Staff Well-Being	To increase the number of staff engaging in the physical activity programmes by 5% year on year.	Baseline 2013/14 = 2411 Target 2014/15 = 2531	449	532 (cum 981)	512 (cum 1493)	1023 (cum 2516)	Extra classes were held during Quarter 4 in Lough Moss Centre and Penninsula Healthy Living Centre, Kircubbin using underspend money, these will not be sustained into 2015/16.
	To deliver four staff health checks as part the Leap Forward initiative	Will be delivered over Quarters 3 and 4	No Health Checks delivered		72 staff 2 Clinics	72 Staff 2 clinics (cum 144 staff at 4 clinics)	
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31 st March 2015.	Year end position will be updated next month.					