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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 2014/15
- 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.

Note: As this is the end of year report, any target that had a deadline of “by March 2015” will be given a RAG status of Green if achieved or Red if not achieved, there will be no Amber status.

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																
			DEC	JAN	FEB																	
Patient Safety VTE Compliance	Achieve 95% compliance with VTE risk assessment across all adult inpatient hospital wards by March 2015.	Medical	87%	86%	91%																	
		Surgical	88%	90%	95%																	
		Women & Child Health (inc Maternity)	85%	80%	65%																	
		SET (exc Maternity)	87%	86%	89%																	
Falls Reduction	<p>Continue to improve compliance with elements of Fallsafe Bundle Part B in identified pilot clinical areas.</p> <p>Spread 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>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 1000 bed days.</p>	<table border="1"> <thead> <tr> <th>Falls Reduction</th> <th>Quarterly Rate</th> </tr> </thead> <tbody> <tr> <td>Q1 2013</td> <td>6.8</td> </tr> <tr> <td>Q2 2013</td> <td>6.5</td> </tr> <tr> <td>Q3 2013</td> <td>6.9</td> </tr> <tr> <td>Q4 2013</td> <td>6.4</td> </tr> <tr> <td>Q1 2014</td> <td>6.8</td> </tr> <tr> <td>Q2 2014</td> <td>8.0</td> </tr> <tr> <td>Q3 2014</td> <td>6.8</td> </tr> </tbody> </table>	Falls Reduction	Quarterly Rate	Q1 2013	6.8	Q2 2013	6.5	Q3 2013	6.9	Q4 2013	6.4	Q1 2014	6.8	Q2 2014	8.0	Q3 2014	6.8				<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>
		Falls Reduction	Quarterly Rate																			
		Q1 2013	6.8																			
		Q2 2013	6.5																			
		Q3 2013	6.9																			
		Q4 2013	6.4																			
		Q1 2014	6.8																			
		Q2 2014	8.0																			
		Q3 2014	6.8																			
		Part A	66%	Part A	63%	Part A	74%															
Part B	69%	Part B	73%	Part B	72%																	

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

TITLE	TARGET	ACTUAL PERFORMANCE		PROGRESS			TREND ANALYSIS
				DEC	JAN	FEB	
Pressure Ulcer Reduction	Secure a 10% reduction in pressure ulcers and sustain spread to all adult inpatient areas / wards. To monitor and report on bundle compliance and the rate of pressure ulcers per 1000 bed days.	Pressure Ulcer Reduction	Quarterly Rate	SKIN Bundle Compliance			100% Spread Pressure Ulcer Rate & Bundle Compliance This is reported on a quarterly basis. Information retrieved from PHA, Quality Improvement Plan.
		Q1 2013	0.39	Medical 99%	Medical 99%	Medical 99%	
		Q2 2013	0.35	Surgical 96%	Surgical 86%	Surgical 88%	
		Q3 2013	0.40	W&CH 100%	W&CH No Data	W&CH 100%	
		Q4 2013	0.42	GP Wards No Data	GP Wards No Data	GP Wards No Data	
		Q1 2014	0.41				
		Q2 2014	0.40				
		Q3 2014	0.44				
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 2015.	First Workshop took place on 15 th October 2014. First Working Group meeting to be arranged for November 2014.			<u>Ward 12</u> 75%	<u>Ward 12</u> Awaiting data	<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>
				<u>Maternity</u> 0%	<u>Maternity</u> 0%		

SAFE & EFFECTIVE CARE - All targets reported one month in arrears
Compliance with individual elements of the FallSafe Bundle by the pilot wards (Appendix 1)

		February 2015																
		Ward 19	Ward 5	Ward 6	Ward 7	Ward 8	Ward 1A	Ward 1B	LVH CCU	LVH MAU	Ward 11	Ward 12	Ward 13	Ward 16	MAU (UH)	Ward 24	Ward 25	Ward 22
Part A	1. Notes: Asked about history of falls?	70%	80%	100%	100%	100%	100%	80%	100%	100%	70%	100%	100%	90%	100%	90%	100%	100%
	2. Notes: Asked about fear of falling?	70%	80%	100%	100%	100%	100%	80%	100%	100%	70%	100%	100%	90%	100%	90%	60%	100%
	3. Notes: Urinalysis performed?	80%	90%	100%	60%	100%	70%	70%	100%	100%	60%	67%	100%	40%	100%	70%	100%	100%
	4. Observe: Call bell working and in reach?	90%	100%	100%	100%	100%	100%	90%	100%	100%	70%	100%	100%	100%	100%	90%	100%	89%
	5. Observe: Safe Footwear?	90%	100%	100%	100%	100%	100%	100%	100%	100%	70%	100%	100%	100%	100%	100%	100%	78%
	6. Observe: Personal items are in reach?	90%	100%	100%	100%	100%	100%	90%	100%	100%	70%	100%	100%	100%	100%	100%	100%	100%
	7. Observe: Slips / Trips hazards (Y = compliant, ie no trips hazards identified)	90%	100%	100%	100%	100%	100%	100%	100%	100%	70%	100%	100%	100%	100%	100%	100%	100%
Part B	1. Notes: Cognitive Screen?	70%	100%	0%	90%	90%	90%	80%	100%	100%	70%	67%	67%	100%	100%	90%	100%	89%
	2. Notes: Bedrails risk assessment completed?	90%	90%	100%	90%	100%	100%	40%	90%	70%	70%	67%	67%	100%	100%	70%	100%	89%
	3. Notes: Lying and standing BP recorded?	80%	100%	80%	70%	100%	100%	10%	100%	80%	70%	100%	67%	100%	100%	40%	100%	100%
	4. Notes: Full medication review requested?	90%	100%	80%	80%	90%	100%	100%	100%	100%	70%	100%	67%	100%	100%	100%	100%	100%

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

February 2015 - Compliance with Sepsis 6 Bundle (Appendix 2)

	Maternity
100% Oxygen	100%
IV Fluids	100%
Cultures	100%
IV Antibiotics	0%
Lactate, FBP, CRP, U&E	100%
Strict Input/output	100%
Overall Compliance with Sepsis 6 Bundle	0%

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%	<table border="1"> <caption>Environmental Cleanliness Data</caption> <thead> <tr> <th>Quarter</th> <th>SET</th> <th>UH</th> <th>LVH</th> </tr> </thead> <tbody> <tr> <td>Q4 13/14</td> <td>92%</td> <td>91%</td> <td>90%</td> </tr> <tr> <td>Q1 14/15</td> <td>90%</td> <td>85%</td> <td>92%</td> </tr> <tr> <td>Q2 14/15</td> <td>90%</td> <td>90%</td> <td>90%</td> </tr> <tr> <td>Q3 14/15</td> <td>90%</td> <td>86%</td> <td>94%</td> </tr> <tr> <td>Q4 14/15</td> <td>90%</td> <td>88%</td> <td>90%</td> </tr> </tbody> </table>	Quarter	SET	UH	LVH	Q4 13/14	92%	91%	90%	Q1 14/15	90%	85%	92%	Q2 14/15	90%	90%	90%	Q3 14/15	90%	86%	94%	Q4 14/15	90%	88%	90%
			Quarter	SET	UH	LVH																										
			Q4 13/14	92%	91%	90%																										
			Q1 14/15	90%	85%	92%																										
Q2 14/15	90%	90%	90%																													
Q3 14/15	90%	86%	94%																													
Q4 14/15	90%	88%	90%																													
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 Directorate – Commissioning Plan Targets Dashboard 2014/15

Service Area	Target	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	
Outpatient waits	Min 80% <9 wks for first appt (was 70% in 13/14)	80.3%	72.4%	68.7%	69.6%	65.8%	58.2%	57.9%	55%	49.9%	44.9%	39.9%	40.7%	42.4%	
	All <15 wks (was 18 wks)	97.2%	92.5%	89%	88.5%	85.4%	82.3%	79.5%	74.8%	70.5%	66.2%	60.3%	57.4%	56.4%	
Diagnostic waits	Imaging (<9 weeks)	100%	98.6%	98%	97%	97.7%	96.3%	97.2%	97%	95.7%	96.3%	96.5%	95.5%	96.1%	
	Physiological Measurement (<9 wks)	85.5%	83.2%	77.3%	77.5%	75.7%	71.6%	74.6%	71.1%	64.5%	65.5%	60.9%	60.7%	63.2%	
	Diag < 9 wks	100%	96.6%	89.7%	88.3%	86.6%	80.4%	79.4%	76.6%	75%	71.7%	61.4%	58%	54.4%	
Inpatient & Daycase Waits	Min 80% <13 wks (was 70%)	85.9%	84.1%	81.3%	80.1%	80.3%	76.8%	74.9%	72.7%	71.1%	67.6%	64.6%	60.4%	56.9%	
	All <26 wks (was <30 wks)	99.2%	97.2%	95.8%	95.8%	95%	94.8%	93.6%	93.2%	91.6%	89.3%	87.1%	84.7%	80%	
Diagnostic Reporting	Urgent tests reported <2 days	96.6%	94.7%	96.1%	96.6%	96.9%	97.2%	96.5%	96.6%	95.7%	96.5%	97%	94%	95.9%	
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	78.3%	81.4%	80.4%	82.8%	85.5%	81.7%	81.5%	81.1%	82.8%	78.4%	76.8%	79.6%	
		12hr breaches	85	39	2	6	1	1	28	22	3	45	237	229	100
	UHD	4hr performance	69.3%	74.1%	72.4%	76%	80.1%	74%	73.6%	71.9%	75.3%	69.1%	67.4%	66.6%	71%
		12hr breaches	85	38	1	6	1	1	28	22	3	45	237	210	97
	LVH	4hr performance	84.6%	83.2%	84.8%	84.8%	86.5%	87.7%	88.7%	92.1%	91.5%	91.4%	84.9%	85.1%	88.2%
		12hr breaches	0	1	0	0	0	0	0	0	0	0	0	3	1
	DH	4hr performance	89.9%	92%	90.7%	90.6%	91.9%	91.6%	86.8%	90.2%	93.6%	91.6%	90.3%	86.5%	89%
		12hr breaches	0	0	1	0	0	0	0	0	0	0	0	16	2
Non Complex discharges	ALL <6hrs	90.7%	91.5%	90.5%	91.8%	92.5%	91.3%	92.1%	93.1%	92.2%	93.3%	93.1%	92.2%	92.5%	
Hip Fractures	>95% treated within 48hrs	88%	74%	69%	81%	83%	56%	75%	96%	93%	93%	78%	89%	84%	
Stroke Services	12% patients with confirmed Ischaemic stroke to receive thrombolysis (was 10%)	9.4%	13.8%	14.8%	6%	11.1%	7.3%	6.8%	19%	4.8%	6.8%	11.9%	13%	8.3%	
Cancer Services	>95% urgent referrals receive first definitive treatment within 62 days	74.8%	71.3%	71.8%	73.4%	70.5%	80.2%	53.8%	59.5%	56%	56%	54%	55%	54%	
	% seen within 14 days of urgent referral for breast cancer (n= breaches)	16.7% (100)	11.8% (126)	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)	
	% receiving first definitive treatment within 31 days of a cancer diagnosis (Target 98%)	96.7%	98%	96%	97%	98.9%	96%	96%	98%	94% (6)	95% (6)	94% (6)	98% (2)	99% (1)	
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%	100%	100%	50% (1)	100%	100%	100%	100%	100%	100%	100%	100%	75% (1)	

HOSPITAL SERVICES

Hospital Services – HSC Indicators of Performance 2014/15

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	98.6%	99.5%	99.8%	96%	99.1%	99.4%	98.8%	98.2%	98.7%	99.9%	98.3%	97.4%	97.7%	
	% routine tests reported <28 days (Target formerly 100%)	99.9%	100%	99.9%	100%	99.9%	99.9%	100%	100%	99.9%	99.9%	100%	99.7%	99.9%	
% Operations cancelled for non-clinical reasons (Target formerly <2%)	March 2015 The cancellations in Ards Hospital were due to ventilation problems which closed the theatres.	SET	1.2%	1.1%	0.9%	1.4%	1.7%	1.7%	1.2%	1.2%	1.4%	0.9%	2.1%	1.9%	3.1%
		UHD	2%	2.0%	1.3%	1.5%	2.1%	3%	2%	1.1%	2.4%	1.4%	3%	1.8%	2.3%
		AR	0%	0%	1.5%	1.3%	1.7%	0.5%	0.4%	0.4%	0.6%	1.1%	1.6%	0.5%	10.4%
		LVH	1%	0.9%	0.3%	0.4%	0.6%	0%	0.1%	0.6%	0.9%	0.3%	1%	1.2%	0.5%
		DH	0.3%	0.3%	0.3%	3.1%	2.8%	1.8%	1.7%	3.3%	0.3%	0.3%	1.7%	5.3%	1%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	Cum 28%	Cum 39%	Cum 39%	Cum 34%	Cum 33%	Cum 33%	Cum 34%	Cum 33%	Cum 33%	Cum 33%	Reported 3 mths in arrears			
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 77.4%	Cum 77.7%	Cum 77.7%	Cum 75.6%	Cum 74.6%	Cum 74.7%	Cum 75.7%	Cum 76.3%	Cum 76.7%	Cum 77.6%	Reported 3 mths in arrears			
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	10621	10414	10610	10582	10868	10438	11043	10708	10070	10442	9997	9529	10814	
	Ulster Hospital	7382	7014	7207	7164	7424	7212	7456	7283	7002	7418	6969	6487	7392	
	Lagan Valley Hospital	1772	1863	1872	1911	1832	1719	1952	1869	1671	1639	1631	1690	1909	
	Downe Hospital (inc w/end minor injuries)	1467	1537	1531	1507	1612	1507	1635	1556	1397	1385	1397	1352	1513	
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	10.2%	11.1%	11%	10.3%	10.6%	10.5%	10.5%	10.5%	10.6%	11%	11.6%	9.7%	10%	
	% New O/P appointments cancelled by hospital (Core/WLI) Target <5%	6.9%	6.9%	5.1%	5.5%	7.5%	7.2%	8.1%	8.9%	6.1%	6%	5.4%	4.8%	5.9%	
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5481	5831	5700	6045	5750	5259	6375	6380	5595	5310	5713	5984	6856	
Other Operative Fractures	>95% within 48hrs	85%	74%	73%	75%	85%	75%	81%	93%	87%	77%	64%	85%	70%	
	100% within 7 days	100%	96.3%	93.8%	100%	100%	96.5%	97%	96.3%	98.5%	97.6%	97.4%	100%	98.8%	
Stroke	No of patients admitted with stroke	32	29	27	33	36	41	44	37	42	44	42	46	36	
ICATS	No patient should wait longer than 9 weeks for first appointment. (n) = breaches	Dermatology	Q4 99% (3)	100% (0)			100% (0)			85% (33)			93.6% (26)		
		Ophthalmology	Q4 97.6% (6)	95.2% (11)			83.2% (31)			72% (78)			84.7% (38)		

HOSPITAL SERVICES

Hospital Services – Directorate KPIs and SQE Indicators

Service Area	Indicator	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	6.3		6.4	5.5	6	5.2	6	5.5	5.8	5.5	5.9	5.7	6.3	6.7
	Ave LOS trimmed	4.9		4.6	4.5	4.6	4.5	4.5	4.6	4.5	4.6	4.8	4.7	4.8	5
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	14.9		11.6	12	11.3	13.1	12.3	10.4	10.1	11.5	12.1	13.3	9.8	12
	Ave LOS trimmed	8.2		7.5	7.3	7.1	8.5	7.4	7.4	7.4	7.8	7	7.1	7.4	7.7
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	72%		83.9%	81%	84.8%	85.1%	83.5%	82.9%	82.5%	86.2%	82%	78.4%	77.7%	79.6%
	% NEW attendances who left without being seen (Target < 5%)	3.2%		2.8%	3.2%	3.1%	2.8%	2.8%	3.3%	3.1%	2.7%	3.2%	2.9%	2.6%	2.4%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.6%		2.7%	2.7%	3.1%	2.9%	3%	2.7%	2.8%	2.7%	2.5%	2.4%	2.5%	2.7%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	41.1%		41.5%	43.2%	46.7%	48.4%	51.4%	46.3%	49%	56.7%	51.3%	55.2%	50%	50.9%

Hospital Services – Corporate Issues

Service Area	Indicator	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Complaints	How many complaints were received this month?	42	27		31	48	46	51	33	42	39	26	30	25	25	47
	What % were responded to within the 20 day target? (target 65%)	36%	41%		61%	65%	63%	75%	58%	57%	59%	54%	43%	28%	44%	
	How many were outside the 20 day target?	27	16		12	17	17	13	14	18	15	12	17	18	14	
Freedom of Information Requests	How many FOI requests were received this month?	11	9		5	4	3	7	11	10	8	14	6	12	4	
	What % were responded to within the 20 day target? (target 100%)	36%	56%		60%	75%	67%	100%	55%	70%	63%	86%	100%	58%	100%	
	How many were outside the 20 day target?	7	4		2	1	1	0	5	3	3	2	0	5	0	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND	
			JAN 15	FEB	MAR		
Outpatient Waits	From April 2014, at least 80% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 15 weeks.	% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >15 wks	39.9%	40.7%	42.4%		
			[31678]	[33015]	[35543]		
			(19051)	(19579)	(20457)		
			{12590}	{14087}	{15510}		
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>	96.5%	95.5%	96.1%		
			[3727]	[3672]	[3738]		
			(132)	(165)	(144)		
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.	Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	Diagnostic Endoscopies Inpatient / Day Case (9 wk target) (this is a subset of the Day-case target reported overleaf)	60.9%	60.7%	63.2%	
				(978)	(1087)	(1144)	
No patient should wait longer than 13 weeks for other endoscopies.	Diagnostic Endoscopies Inpatient / Day Case (13 wk target)	[n] = total waiting (n) = breaches	61.4%	58.0%	54.4%		
			[2080]	[2254]	[2290]		
			(804)	(946)	(1066)		
			70.3%	68.4%	68%		
			[724]	[683]	[669]		

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
Inpatient & Daycase Waits	From April 2014, at least 80% 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	64.6% (2267)	60.4% (2615)	56.9% (2966)	<p>Legend: IP/DC 13wk, All 30/26 wks, Target Line 13wk, Target Line 30wk</p>
		All Specialties – 26 wk target % = % treated within 26 weeks (n) = breaches (26 wks)	87.1% (829)	84.7% (1008)	80% (1380)	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In March 2015 – 1477 total urgent tests reported, 1416 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	97% (41) [1359]	94% (75) [1243]	95.9% (61) [1477]	<p>Legend: Urgent <2 days, Target Line</p>

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
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>11455</p> <p>[8802]</p> <p>76.8%</p> <p>(237)</p>	<p>SET</p> <p>10940</p> <p>[8337]</p> <p>76.2%</p> <p>(229)</p>	<p>SET</p> <p>12422</p> <p>[9888]</p> <p>79.6%</p> <p>(100)</p>	
			<p>UH</p> <p>6969</p> <p>[4697]</p> <p>67.4%</p> <p>(237)</p>	<p>UH</p> <p>6487</p> <p>[4318]</p> <p>66.6%</p> <p>(210)</p>	<p>UH</p> <p>7392</p> <p>[5249]</p> <p>71%</p> <p>(97)</p>	
			<p>LVH</p> <p>1631</p> <p>[1385]</p> <p>84.9%</p> <p>(0)</p>	<p>LVH</p> <p>1690</p> <p>[1438]</p> <p>85.1%</p> <p>(3)</p>	<p>LVH</p> <p>1909</p> <p>[1684]</p> <p>88.2%</p> <p>(1)</p>	
			<p>DH</p> <p>1397</p> <p>[1262]</p> <p>90.3%</p> <p>(0)</p>	<p>DH</p> <p>1352</p> <p>[1170]</p> <p>86.5%</p> <p>(16)</p>	<p>DH</p> <p>1513</p> <p>[1347]</p> <p>89%</p> <p>(2)</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>	93.1%	92.2%	92.5%	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
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	78%	89%	84%	
			27	28	31	
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	64%	85%	70%	
			76	62	82	
Stroke Services	From April 2014, ensure that at least 12% of patients with confirmed ischaemic stroke receive thrombolysis.	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	11.9%	13%	8.3%	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.
			5	6	3	
			(42)	(46)	(36)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
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 26 SET CBYL referrals received during March 2015. All were offered appointments within 24 hours.</p> <p>There were also 9 Belfast Trust, patients who attended the Ulster Hospital ED – all were passed on to Belfast Trust CBYL Service.</p> <p>4 DNA, 2 refused initial appointment</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>(35)</p> <p>[0]</p>	<p>100%</p> <p>(26)</p> <p>[0]</p>	<p>100%</p> <p>(26)</p> <p>[0]</p>	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
Cancer Services	95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	<p>% = % who began treatment within 62 days n = number of patients seen (n) = breaches</p> <p>Circumstances can create breaches which are shared with another Trust.</p> <p>In March 2015, 61 patients were seen. There were 28 breaches involving 36 patients, of whom 16 were shared.</p> <p>Revisions post patient pathway confirmation and pathology validation:-</p> <p>Nov was 54%, 53.5 (24.5), now 56%, 43 (24) Dec was 55%, 62 (28), now 56%, 63 (28) Jan was 49%, 57.5 (29.5), now 54%, 57 (26.5) Feb was 51%, 49.5 (24.5), now 55%, 63.5 (28.5)</p>	54%	55%	54%	<p>100 90 80 70 60 50 40 30 20 10 0</p> <p>Mar-14 Apr May Jun Jul Aug Sept Oct Nov Dec Jan-15 Feb Mar</p> <p>62 Day Target Target Line</p>
	From April 2014 all urgent breast cancer referrals should be seen within 14 days.	<p>% = % referrals seen within 14 days n = number of referrals (n) = breaches</p>	100%	100%	97.8%	
	From April 2014 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 (n) = breaches</p>	94%	98%	99%	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
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% (6) [0]	100% (3) [0]	100% (4) [0]	
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches	100% (6) [0]	100% (3) [0]	75% (4) [1]	

PRIMARY CARE AND OLDER PEOPLE SERVICES

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard 2014/15

Service Area	Target	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR	
Allied Health Professions waits	All < 9 weeks	99.1%	97%	94.3%	96%	96%	94.7%	94.8%	94.7%	94.7%	91.9%	90.2%	93.8%	95.2%	
Complex Discharges	Min. 90% <48hrs (SET TOR)	70.5%	77.7%	73.8%	71.3%	73.8%	75.1%	73.6%	75.9%	75.3%	68.7%	69.1%	73.3%	64.3%	
	Min. 90% <48hrs (All in SET beds)	70.7%	75.6%	75.7%	69.3%	73.4%	74%	73.7%	72.4%	74%	68.2%	65.4%	73.6%	66.3%	
	ALL <7days	88.4%	91.8%	93.2%	91.1%	92.2%	91.4%	90.4%	92.2%	91.7%	85.7%	88.9%	89.5%	83.8%	
Unplanned admissions	Reduce by 5% for adults with specified long term conditions. Target for 14/15 = 1604	Q4 635 (cum 2208)	Q1 489 (cum 489)			Q2 457 (cum 946)			Q3 518 (cum 1464)			Reported quarterly in arrears			
HCAI	Max 11 MRSA in year	In Month	1	1	1	0	0	0	2	1	0	0	1	1	0
		Cumulative	15	1	2	2	2	2	4	5	5	5	6	7	7
	Max 50 C. Diff. In year	In Month	7	5	4	1	6	7	4	5	5	11	11	6	2
		Cumulative	56	5	9	10	16	23	27	32	37	48	59	65	67
Direct Payments	5% increase in number of Direct Payment cases (Target was 378) (Target shared with Adult Services)	422	420	416	425	438	444	447	451	452	461	455	461	463	

Primary Care And Older People Directorate – HSC Indicators Of Performance 2014/15

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Assess and Treat Older People	All assessments completed <5 wks	100%	100%	100%	100%	98% (1)	100%	100%	100%	100%	97.5% (1)	100%	100%	100%
	Main components of care needs met <8 weeks	100%	100%	100%	100%	100%	100%	100%	100%	97.4% (1)	100%	98.3% (1)	100%	100%
Psychiatry of Old Age	No patient should wait longer than 9 weeks for first appointment (n) = breaches	92.9% (19)	79% (62)	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)
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs) (n) = breaches		86.9% (8)	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)
Orthopaedic ICATS	No patient should wait longer than 9 weeks for first appointment (n) = breaches	Q4 83.4% (180)	1 st Quarter 71.4% (403)			2 nd Quarter 58.8% (674)			3 rd Quarter 49.5% (718)			4 th Quarter 55.5% (706)		

PRIMARY CARE AND OLDER PEOPLE SERVICES

Directorate KPIs & SQE Indicators – 2014/15

Service Area	Indicator	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Care Provision	To achieve a 5% increase in no. of Adult Safeguarding referrals (Baseline = 601)	65 (cum 601)		42 (cum 42)	59 (cum 101)	51 (cum 152)	34 (cum 186)	46 (cum 232)	51 (cum 283)	125 (cum 408)	143 (cum 551)	69 (cum 620)	86 (cum 706)	52 (cum 758)	62 (cum 820)
	To achieve a 5% increase in no. of Adult Safeguarding Protection Plans (Baseline = 506)	59 (cum 506)		19 (cum 19)	50 (cum 69)	44 (cum 113)	24 (cum 137)	37 (cum 174)	43 (cum 217)	61 (cum 278)	86 (cum 364)	58 (cum 422)	53 (cum 475)	44 (cum 519)	50 (cum 569)
	LOS Interim Beds Baseline: 21 days	New KPI for 2014/15		21	27	20	25	20	22	22	24	n/a	25	20	18
	% of clients discharged from reablement with no ongoing care package. Baseline – 45%	New KPI for 2014/15		65%	46%	54%	51%	29%	57%	47%	62%	56%	41%	45%	59%
Older People's Services	10% increase in number of completed E-NISAT Core Assessments. Baseline = 90 Target = 99 / mth	New KPI for 2014/15		97	112	160	138	115	135	140	140	136	149	173	139
	20% increase in number of completed Carers Assessments Baseline = 22 Target = 26 / mth	New KPI for 2014/15		24	28	19	12	11	8	11	12	7	29	13	22

PRIMARY CARE AND OLDER PEOPLE SERVICES

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NDAdoc GP Out of Hours	Base Visits	1186	1106	982	916	912	845	870	1020	1188	1103	961	1075
	Advice	2682	2804	2295	2329	2396	2027	2145	2346	2838	2747	2506	2550
	Home Visit	351	358	294	336	348	262	272	282	311	357	305	246
	TOTAL	4219	4268	3571	3581	3656	3134	3287	3648	4337	4207	3772	3871
Lagandoc GP Out of Hours	Base Visits	1443	1348	1199	1082	1168	1062	1148	1316	1492	1225	1135	1241
	Advice	2112	2095	1716	1661	1637	1438	1577	1861	2297	2193	1887	2122
	Home Visit	164	164	145	145	181	124	127	150	159	168	152	150
	TOTAL	3719	3607	3060	2888	2986	2624	2852	3327	3948	3586	3174	3513
Downedoc GP Out of Hours	Base Visits	1023	1092	967	925	924	847	869	975	1040	962	868	893
	Advice	994	968	847	848	953	756	735	901	1104	994	989	1037
	Home Visit	56	57	67	60	45	41	44	53	57	69	72	49
	TOTAL	2073	2117	1881	1833	1922	1644	1648	1929	2201	2025	1929	1979

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Complaints Handling	How many complaints were received this month?	13	7		4	7	8	7	7	12	15	7	10	10	13	8
	What % were responded to within the 20 day target? (target 65%)	38%	29%		100%	71%	75%	29%	86%	75%	47%	57%	80%	70%	54%	
	How many were outside the 20 day target?	8	5		0	2	2	5	1	3	8	3	2	3	6	
Freedom of Information Requests	How many FOI requests were received this month?	4	3		4	5	4	2	2	4	1	0	0	2	2	
	What % were responded to within the 20 day target? (target 100%)	25%	33%		50%	40%	25%	0%	0%	75%	100%	n/a	n/a	50%	50%	
	How many were outside the 20 day target?	3	2		2	3	3	2	2	1	0	0	0	1	1	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																																
			JAN 15	FEB	MAR																																	
AHP Waits	<p>No patient to wait longer than 9 weeks from referral to commencement of treatment.</p>	<p>At 31st March 2015 of 7550 patients on the AHP waiting list, 362 are waiting longer than 9 weeks.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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>3469</td> <td>29</td> <td style="background-color: yellow;">99.2%</td> </tr> <tr> <td>OT</td> <td>1282</td> <td>121</td> <td style="background-color: red;">90.6%</td> </tr> <tr> <td>Orthoptics</td> <td>283</td> <td>0</td> <td style="background-color: green;">100%</td> </tr> <tr> <td>Podiatry</td> <td>966</td> <td>38</td> <td style="background-color: yellow;">96%</td> </tr> <tr> <td>S&LT</td> <td>569</td> <td>20</td> <td style="background-color: yellow;">96.5%</td> </tr> <tr> <td>Dietetics</td> <td>691</td> <td>138</td> <td style="background-color: red;">80%</td> </tr> <tr> <td>MDT</td> <td>290</td> <td>16</td> <td style="background-color: red;">94.5%</td> </tr> </tbody> </table> <p>[n] = total waiting (n) = breaches</p>	Service	No on W/L	Waiting >9 wks	Compliance	Physio	3469	29	99.2%	OT	1282	121	90.6%	Orthoptics	283	0	100%	Podiatry	966	38	96%	S<	569	20	96.5%	Dietetics	691	138	80%	MDT	290	16	94.5%	<p>90.2% [6746] (664)</p>	<p>93.8% [7061] (439)</p>	<p>95.2% [7550] (362)</p>	<p style="text-align: center;"> ■ 9 Week — Target Line </p>
Service	No on W/L	Waiting >9 wks	Compliance																																			
Physio	3469	29	99.2%																																			
OT	1282	121	90.6%																																			
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MDT	290	16	94.5%																																			
Complex Discharges	<p>90% of complex discharges should take place within 48 hours.</p>	<p>All qualifying patients from SET Trust of Residence in NI acute beds. (Source: HSCB Web Portal).</p> <p>(n) = 48 hr breaches</p> <p>Revisions post validation:-</p> <p>Jan was 69.6% (103) now 69.1% (105) Feb was 72.6% (97) now 73.3% (96)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> No Domiciliary Care Package Patient / Family resistance 	<p>69.1% (105)</p>	<p>73.3% (96)</p>	<p>64.3% (100)</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
			JAN 15	FEB	MAR	
Complex Discharges	90% of complex discharges should take place within 48 hours.	<p>All qualifying patients in SET beds.</p> <p>(n) = complex discharges.</p> <p>BHSCT reasons:-</p> <ul style="list-style-type: none"> • No Domiciliary Care Package • Community Equipment Delays <p>Revisions post validation:-</p> <p>Jan was 65.3% (567) now 65.4% (570) Feb was 73.5% (548) now 73.6% (550)</p> <p>There were also corresponding changes in the Trust of residence figures.</p>	<p>65.4%</p> <p>(570)</p> <p>>48 hrs By Trust of res</p> <p>SET 122 BT 72 ST 2 NT 1</p>	<p>73.6%</p> <p>(550)</p> <p>>48 hrs By Trust of res</p> <p>SET 101 BT 40 ST 1 NT 2 NA 1</p>	<p>66.3%</p> <p>(513)</p> <p>>48 hrs By Trust of res</p> <p>SET 121 BT 47 ST 2 NT 3</p>	
Complex Discharges	No Complex discharge should take longer than 7 days.	<p>All qualifying patients in SET beds.</p> <p>n = complex discharges</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Revisions Post Validation:-</p> <p>Feb was 89.4% (58) now 89.5% (58)</p>	<p>88.9%</p> <p>567</p> <p>(63)</p>	<p>89.4%</p> <p>548</p> <p>(58)</p>	<p>83.8%</p> <p>513</p> <p>(83)</p>	<p>Legend: ■ 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	<p>13/14 Baseline = 1688</p> <p>14/15 Target = 1604</p> <p>Reporting in arrears - Quarter 4 figures for 2014/15 will be available in the June Report.</p>	635 (cum 2208)	489 (cum 489)	457 (cum 946)	518 (cum 1464)		

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND									
			JAN 15	FEB	MAR										
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 11 (cum 59)	C Diff 6 (cum 65)	C Diff 2 (cum 67)										
		<table border="1"> <thead> <tr> <th></th> <th>2013 / 14 Total</th> <th>2014/15 Total</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td style="background-color: yellow;">Actual 56 Target <55</td> <td style="background-color: red;">Actual 67 Target <50</td> </tr> <tr> <td>MRSA</td> <td style="background-color: red;">Actual 15 Target <9</td> <td style="background-color: lightgreen;">Actual 7 Target <11</td> </tr> </tbody> </table>		2013 / 14 Total	2014/15 Total		C Diff	Actual 56 Target <55	Actual 67 Target <50	MRSA	Actual 15 Target <9	Actual 7 Target <11	MRSA 1 (cum 6)	MRSA 1 (cum 7)	MRSA 0 (cum 7)
			2013 / 14 Total	2014/15 Total											
C Diff	Actual 56 Target <55	Actual 67 Target <50													
MRSA	Actual 15 Target <9	Actual 7 Target <11													
March figures subject to validation															

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																				
			JAN 15	FEB	MAR																					
Long-Term Conditions	<p>By March 2015, deliver 90,000 Monitored Patient Days (equivalent to approx 550 patients) from the provision of remote tele-monitoring services through the Tele-monitoring NI contract.</p> <p>(Regional 500,000 days, 2800 patients)</p>	<p>As stated within the TDP this is a spurious target for SET as the ratio of referrals to length of time on the system is lower in SET than other Trusts primarily because SET has the highest proportion of daily Triage patients with a higher discharge rate.</p> <p>The monitored patient day target is unlikely to be achieved.</p> <p>n = Monitored Patient Days per month</p> <p>Monthly target = 7500 MPD</p>	<p>TF3 Only</p> <p>In month 6948 93%</p> <p>Cumulative 61,782 82.4%</p> <p>Inc TF3 DNav & U-tell</p> <p>In month: 16,514 220%</p> <p>Cumulative: 142,188 190%</p>	<p>TF3 Only</p> <p>In month 6304 84%</p> <p>Cumulative 68086 82.5%</p> <p>Inc TF3 DNav & U-tell</p> <p>In month: 15,769 210%</p> <p>Cumulative: 157957 191.5%</p>	<p>Data reported one month in arrears</p>	<p>The Monitored Patient Day data for February demonstrates a fall in activity due to a No of patients coming off the TF3 system.</p> <p>However, with the use of U-Tell and D-Nav the performance levels remain in excess of Trust target. The Centre for Connected Health has now accepted these MPD as legitimate currency. Therefore, SETs cumulative out-turn YTD was 191.5%</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dec</th> <th>Jan</th> <th>Feb</th> </tr> </thead> <tbody> <tr> <td>TF3</td> <td>6835</td> <td>6948</td> <td>6304</td> </tr> <tr> <td>DNav</td> <td>8122</td> <td>8277</td> <td>8277</td> </tr> <tr> <td>U-tell</td> <td>1363</td> <td>1289</td> <td>1188</td> </tr> <tr> <td>TOTAL</td> <td>16320</td> <td>16514</td> <td>15769</td> </tr> </tbody> </table>		Dec	Jan	Feb	TF3	6835	6948	6304	DNav	8122	8277	8277	U-tell	1363	1289	1188	TOTAL	16320	16514	15769
		Dec	Jan	Feb																						
TF3	6835	6948	6304																							
DNav	8122	8277	8277																							
U-tell	1363	1289	1188																							
TOTAL	16320	16514	15769																							
	<p>By March 2015, deliver 73,241 telecare monitored patient days (equivalent to approximately 200 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract.</p> <p>(Regional 800,000 days, 2300 patients)</p>	<p>The Trust has started the process of educating practitioners about the system and referrals have been placed. 30 clients will transfer from the Netwell project and so it is expected that the target will be achieved by year end. Certainly, in relation to 184 new patients.</p> <p>Monthly target = 6104 MPD</p>	<p>In month: 5758</p> <p>94%</p> <p>Cumulative: 46,605</p> <p>76%</p>	<p>In month: 4892</p> <p>80%</p> <p>Cumulative: 51,481</p> <p>77%</p>	<p>Data reported one month in arrears</p>	<p>Service slot saturation is expected to occur by new 2015.</p> <p>Currently 189 clients in receipt of telecare assistive technology.</p>																				
Direct Payment	<p>By March 2015, secure a 5% increase in the number of direct payments across all programmes of care.</p>		455	461	463																					

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
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	98.7%	100%	100%	100%	99%	97.1%	98.8%	99%	99%	100%	98%	98%	98%
	All < 28 days (no. Breaches)	2	2	2	2	5	4	4	2	7	8	6	4	1
	All follow-up < 7 days from discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	97%

Adult Services Directorate – Mental Health Services– HSC Indicators Of Performance 2014/15

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

Adult Services Directorate – Mental Health Services - Directorate KPIs 2014/15

Service Area	Indicator	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Mental Health	100% of Mental Health records to be available for outpatient clinics.		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	95% of GP Assessment Centre Letters to be posted with 7 days.	Reporting to commence in October 2014							92.5%	Not Avail	D/L – 94% NDA – 100%	92%	90%

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

Service Area	Indicator	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Complaints Handling	How many complaints were received this month?	4	5	7	5	5	8	6	1	6	4	2	1	1	1
	What % were responded to within the 20 day target? (target 65%)	0%	60%	0%	40%	40%	75%	17%	0%	67%	50%	50%	100%	100%	
	How many were outside the 20 day target?	4	2	7	3	3	2	5	1	2	2	1	0	0	
Freedom of Information Requests	How many FOI requests were received this month?	1	0	0	0	1	1	1	1	0	1	0	0	1	
	What % were responded to within the 20 day target? (target 100%)	0%	n/a	n/a	n/a	0%	0%	0%	0%	n/a	0%	n/a	n/a	100%	
	How many were outside the 20 day target?	1	0	0	0	1	1	1	1	0	1	0	0	0	

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
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% (441) [0]	100% (488) [0]	100% (549) [0]	

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
Discharge And Follow-Up	From April 2014, 99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 84 discharges in March 2015, 82 were discharged within 7 days, 1 discharged in 28-90 days and 1 discharged 91 – 365 days (previously noted delays).	98%	98%	98%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	1 patient discharge delay in March 2015 – pending accommodation and this is being addressed.	6	4	1	
	All discharged patients due to receive a continuing care plan in the community to receive a follow-up visit within 7 days of discharge.	<p>There were 82 SET discharges in March 2015 for follow up within 7 days. All were offered appointments within 7 days. In addition 4 SHSST discharges from SET seen by SHSST.</p> <p>77 seen, 2 not seen within 7 days although have subsequently been seen, 3 DNA planned appointments.</p> <p>Please note that we referred 2 BHSST patients for 7 day follow up by their services. These patients had been admitted to SET. We are awaiting confirmation if these patients were seen within 7 days from BHSST.</p>	100%	97%	97%	
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 2014/15

Service Area	Target	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	99%	99%	99%	100%	100%	100%	100%	100%	100%
	All <28 days (no of Breaches)	11	10	10	10	8	8	7	8	8	6	6	7	7
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community.	Cum 8												
Direct Payments	Number of Direct Payment cases (Target was 378 – Target shared with PC&OP)	422	420	416	425	438	444	447	451	452	461	455	461	463

Adult Services Directorate – Disability Services - HSC Indicators Of Performance 2014/15

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

Adult Services Directorate – Disability Services- Directorate KPIs 2014/15

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Adult Learning Disability /Adult Disability	Achieve 10% reduction in admissions to Muckamore Baseline: 39 Target: 33	2 (cum 25)	2	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)
	100% compliance with Hand Hygiene Monthly Audits (Thompson House)	96%	96.3%	100%	95%	94%	97%	100%	100%	97.5%	97.5%	97%	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)	Reported in arrears
	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	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Complaints Handling	How many complaints were received this month?	1	3		1	1	2	1	3	2	3	4	1	1	0	1
	What % were responded to within the 20 day target? (target 65%)	0%	33%		0%	100%	100%	100%	100%	100%	67%	75%	100%	100%	n/a	
	How many were outside the 20 day target?	1	2		1	0	0	0	0	0	1	1	0	0	0	
Freedom of Information Requests	How many FOI requests were received this month?	3	3		0	0	2	3	3	1	4	0	1	0	1	
	What % were responded to within the 20 day target? (target 100%)	0%	33%		n/a	n/a	0%	67%	33%	0%	0%	n/a	0%	n/a	0%	
	How many were outside the 20 day target?	3	2		0	0	2	1	2	1	4	0	1	0	1	

ADULT SERVICES – DISABILITY SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																											
			JAN 15	FEB	MAR																												
Discharge	From April 2013, ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.	Two patients discharged within the target time during March.	100%	100%	100%																												
	No discharge taking longer than 28 days.	The Trust currently has 9 people awaiting discharge, 7 of whom have been waiting for more than 28 days. n = number awaiting discharge (n) = breaches	7 (6)	7 (7)	9 (7)	Muckamore:- <table border="1"> <thead> <tr> <th>Delay in days</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>0-7</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>8-28</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>29-90</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>91-365</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>>365</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>Total</td> <td>7</td> <td>7</td> <td>9</td> </tr> </tbody> </table>	Delay in days	Jan	Feb	Mar	0-7	0	0	1	8-28	1	0	1	29-90	0	1	1	91-365	0	0	0	>365	6	6	6	Total	7	7
Delay in days	Jan	Feb	Mar																														
0-7	0	0	1																														
8-28	1	0	1																														
29-90	0	1	1																														
91-365	0	0	0																														
>365	6	6	6																														
Total	7	7	9																														
Resettlement	By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.	At 31 st March 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																												

ADULT SERVICES – PRISON HEALTHCARE SERVICES

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

Service Area	Target	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	99.7% (1)		99.6% (1)	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)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	100% (0)		100% (0)	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)
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.	100%		94.6%	99.8%	92.4%	87.3%	96.4%	99.4%	100%	99.5%	99.1%	96%	90.8%	89.1%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. 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	FEB 14	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Complaints Handling	How many complaints were received this month?	2	11		7	5	1	5	9	5	6	7	8	8	9	6
	What % were responded to within the 20 day target? (target 65%)	0%	0%		0%	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
	How many were outside the 20 day target?	2	11		7	4	1	5	9	5	6	7	8	8	9	
Freedom of Information Requests	How many FOI requests were received this month?	0	0		0	0	1	0	0	1	0	0	1	0	1	
	What % were responded to within the 20 day target? (target 100%)	n/a	n/a		n/a	n/a	100%	n/a	n/a	0%	n/a	n/a	100%	n/a	0%	
	How many were outside the 20 day target?	0	0		0	0	0	0	0	1	0	0	0	0	1	

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																							
			JAN 15	FEB	MAR																								
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. <i>March figures subject to validation</i>	99.7%	99.3%	99.6%																								
		308 (1)	276 (2)	272 (1)																									
	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>Jan</th> <th>Feb</th> <th>Mar</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;">258</td> <td style="text-align: center;">228</td> <td style="text-align: center;">218</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Hydebank</td> <td style="text-align: center;">Committals</td> <td style="text-align: center;">50</td> <td style="text-align: center;">48</td> <td style="text-align: center;">54</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">5</td> <td style="text-align: center;">1</td> </tr> </tbody> </table> <i>March figures subject to validation</i>			Jan	Feb	Mar	Maghaberry	Committals	258	228	218	Breaches	0	0	0	Hydebank	Committals	50	48	54	Breaches	0	5	1	100%	98.2%	100%	
		Jan	Feb	Mar																									
Maghaberry	Committals	258	228	218																									
	Breaches	0	0	0																									
Hydebank	Committals	50	48	54																									
	Breaches	0	5	1																									
		308 (0)	276 (5)	272 (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 <i>March figures subject to validation</i>	100%	100%	100%																								
		83 (0)	74 (0)	64 (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 <i>March figures subject to validation</i>	100%	100%	100%																								
		83 (0)	55 (0)	52 (0)																									

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
Routine Medical Appointments	Following triage by Healthcare staff, where a prisoner is found to require a non-urgent appointment with a doctor this will be accommodated within 14 days.	% = performance n = total appointment requests (n) = breaches <i>March figures subject to validation</i>	96% 746 (30)	90.8% 686 (63)	89.1% 791 (86)	Maghaberry 72 Breaches Hydebank 14 breaches
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	% = Compliance (n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team. [n] = number of prisoners waiting >9wks for appointment	100% (11) [0]	100% (14) [0]	100% (11) [0]	

ADULT SERVICES – PSYCHOLOGY

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

Service Area	Target	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Psychological therapies waits	All < 13 weeks	69%	69.7%	68.6%	64.5%	66.4%	58%	57.8%	55.7%	55.5%	45.3%	44.9%	47%	43.5%

Adult Services Directorate – Clinical Psychology Services – KPIs

	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Direct Contacts (cum)	2442	3314 (5756)	2835 (8591)	2301 (10892)	1803 (12695)	2175 (14870)	2751 (17621)	2220 (19841)	1697 (21538)	2262 (23800)	2449 (26249)	2463 (28712)
Consultations (cum)	200	284 (484)	274 (758)	78 (836)	101 (937)	152 (1089)	147 (1236)	105 (1341)	90 (1431)	119 (1550)	115 (1665)	134 (1799)
Supervision - Hours (cum)	155.25	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)
Staff training - Hours (cum)	108	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)
Staff training - Participants (cum)	351	401 (752)	434 (1186)	143 (1329)	99 (1428)	399 (1827)	271 (2098)	425 (2523)	174 (2697)	102 (2799)	191 (2990)	231 (3221)

Adult Services Directorate – Psychology Services - Corporate Issues

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

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND																										
			JAN 15	FEB	MAR																											
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	44.9%	47%	43.5%																											
			865	868	864																											
			[477]	[460]	[487]																											
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CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard 2014/15

Service Area	Target	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
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% (2)	100% (3)	100% (1)	100% (6)	100% (6)	100% (3)	100% (6)	100% (2)	100% (2)	100% (3)	100% (4)	100% (1)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	85.7% (2)	91.3% (2)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	91.7% (1)	100% (0)	83.3% (1)	100% (0)	75% (5)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	100%	100%	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)
	All Child protection initial assessment <10 days from receipt (n) = breaches	52.9%	71.2%	73.9%	62.2%	49.5%	62.2%	68%	60.3%	46.6%	100%	73.9%	100%	98.7%
	All Child protection case conference <15 days from receipt (n) = breaches	90% (2)	80% (3)	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)
	All LAC assessment <10 days of child becoming Looked After. (n) = breaches	76.9% (3)	100% (0)	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)
	All Family Support referrals for assessment to be allocated <20 days from receipt	94.3% (11)	86.6% (27)	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)
	All Family support initial assessment completed <10 days of allocation	28.8%	32.5%	20.3%	26.7%	28.8%	34.6%	38.8%	40.1%	34.6%	23.5%	36.2%	29%	35.5%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 20 days	64.1%	63.5%	57.4%	51%	53.2%	65.7%	56.5%	70.5%	71%	64.7%	58.7%	57.1%	72.5%
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	67% (54)	87.7% (10)	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)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	92.1% (3)	93.8% (3)	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)
Unallocated cases	Total number of unallocated cases over 20 days in Children's Services	71	79	82	100	125	81	104	115	133	149	101	116	150

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators 2014/15

Service Area	Indicator	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN 15	FEB	MAR
Fostering	Number of Mainstream Foster Carers	336	340	338	339	341	339	293	291	283	279	287	296	291
	Number of children with Independent Foster Carers	13	13	13	13	12	12	12	12	11	11	13	13	15
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	94.4%	94.5%	94.6%	95.5%	95%	96%	93.9%	Reported 6 mths in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 st , 2 nd and 5 th Birthdays) (Quarterly Reporting)	Q4 95%	Quarter 1 93.8%			Quarter 2 97.8%			Quarter 3 97.4%			Quarter 4 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)	46.2%	48.9%	44.2%	42.4%	43.5%	49.6%	42.6%	48.6%	48.9%	45.9%	45.1%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	135	146	165	199	167	145	174	184	201	233	168	198	236
	Family Centre Waiting List at month end	25	26	23	23	24	22	21	24	29	29	33	33	33
Care Leavers	At least 75% aged 19 in education, training or employment (was 70%)	86%	84%	71%	75%	78%	74%	73%	73%	70%	76%	76%	78%	78%

Children's Services - Corporate Issues

Service Area	Indicator	FEB 14	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 15	FEB	MAR
Complaints	How many complaints were received this month?	7	7	5	5	6	10	10	6	7	4	5	9	5	10
	What % were responded to within the 20 day target? (target 65%)	14%	57%	40%	60%	83%	60%	50%	100%	14%	25%	40%	22%	40%	
	How many were outside the 20 day target?	6	3	3	2	1	4	5	0	6	3	3	7	3	
Freedom of Information Requests	How many FOI requests were received this month?	2	4	4	5	3	5	1	0	5	3	2	4	6	
	What % were responded to within the 20 day target? (target 100%)	50%	25%	25%	40%	67%	20%	100%	n/a	60%	0%	50%	75%	50%	
	How many were outside the 20 day target?	1	3	3	3	1	4	0	0	2	3	1	1	3	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
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>One child was admitted to care during March 2015.</p> <p>All placements were subject to formal assessment and went through the Children's Resource Panel.</p>	<p>100%</p> <p>(3)</p>	<p>100%</p> <p>(4)</p>	<p>100%</p> <p>(1)</p>	
	<p>For every child taken into care, a plan for permanence and associated timescales should be agreed within 6 months and formally agreed at the first six-monthly LAC review.</p>	<p>There were 29 children taken into care during September 2014. Eight children were respite / shared care and one child was discharged from care.</p> <p>Of the remaining 20 children, 15 had a permanence plan in place at the end of March 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>83.3%</p> <p>7</p> <p>[1]</p>	<p>100%</p> <p>11</p> <p>[0]</p>	<p>75%</p> <p>20</p> <p>[5]</p>	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			JAN 15	FEB	MAR	
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	98.9% (91) [90]	97% (100) [97]	100% (91) [91]	
	All child protection referrals to be investigated and an initial assessment completed within 10 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.	73.9% (88) [65]	100% (85) [85]	98.7% (75) [74]	
	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	92.3% (13) [12]	100% (16) [16]	93.3% (15) [14]	
	All Looked After Children Initial assessments to be completed within 10 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.	100% (17) [17]	95% (20) [19]	72.7% (22) [16]	
	All family support referrals to be allocated to a social worker within 20 working days for initial assessment.	% = % compliance (n) = number of referrals allocated [n] = number within 20 days	78.5% (228) [179]	91.1% (203) [185]	94.2% (224) [211]	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND									
			JAN 15	FEB	MAR										
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	36.2% (138) [50]	29% (131) [38]	35.3% (139) [49]										
	On completion of the initial assessment 90% of cases deemed to require a Family Support pathway assessment to be allocated within a further 20 working days.	% = % compliance (n) = number allocated [n] = number allocated within 20 working days.	58.7% (46) [27]	57.1% (35) [20]	72.5% (51) [37]										
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31 st March 2015, 128 children were on the waiting list specifically for diagnostic assessment for ASD. 59 children waiting > 13 wks (longest wait 211 days) % = compliance (n) = breaches	59.3% < 13 wks (61)	53.5% < 13 wks (59)	53.9% < 13 wks (59)										
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31 st March 2015 - total waiters:- <table border="1" style="margin-left: 20px;"> <tr><td>0 – 4 wks</td><td style="text-align: center;">13</td></tr> <tr><td>>4 – 8 wks</td><td style="text-align: center;">19</td></tr> <tr><td>>8 – 13 wks</td><td style="text-align: center;">1</td></tr> <tr><td>> 13 wks</td><td style="text-align: center;">0</td></tr> <tr><td>Total</td><td style="text-align: center;">13</td></tr> </table> Longest wait = 61 days % = compliance (n) = breaches	0 – 4 wks	13	>4 – 8 wks	19	>8 – 13 wks	1	> 13 wks	0	Total	13	96.9% (2)	87.2% (10)	100% (0)
0 – 4 wks	13														
>4 – 8 wks	19														
>8 – 13 wks	1														
> 13 wks	0														
Total	13														

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE				PERFORMANCE			TREND							
						JAN 15	FEB	MAR								
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days				101	116	150								
		(n) = total awaiting allocation at 31 st March 2015														
		Gateway	Disability	FIT	TOTAL											
		31	0	119	150				(168)	(198)	(236)					
									Gate way	Disa bility	FIT	Total				
								< 1 wk	6	3	11	20				
								1-4 wks	35	3	28	66				
								4-8 wks	27	0	26	53				
								> 8 wks	4	0	93	97				
								Total	72	6	158	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: 90 individuals enrolled in the service (achieved)		39 (cum 39)	32 (cum 71)	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% Agency 19.5%	Bank 83% Agency 17% Cum Bank 81.5% Agency 18.5%	Bank 88% Agency 12% Cum Bank 83% Agency 17%	
	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.					