

**Paper No: SET/50/14**



**Performance Management Framework**

**Corporate Scorecard**

**July 2014**

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## Introduction

This report presents the monthly performance against a range of targets and indicators for each directorate as appropriate. These are divided into 3 groups;

- Commissioning Plan targets drawn from the Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2012
- HSC Indicators of Performance from the Health and Social Care (Indicators of Performance) Direction (Northern Ireland) 2012
- 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&LT   | 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                            | WHO    | World Health Organisation  |
| IiP       | Investors in People                            | 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 |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|---|--|---|-----------------|----------------|---------|----------------|---------|-----|---------|-----|---------|-----|---------|--|---------|--|---------|--|---------|--|-------------------|-------------------|--|
|   |  |   | MAY             | JUNE           | JULY    |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
| <b>Patient Safety</b><br><br><b>VTE Compliance</b>            | Achieve 95% compliance with VTE risk assessment across all adult inpatient hospital wards by March 2015.   | Medical   | 82%             | 80%            |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Surgical  | 72%             | 87%            |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Women & Child Health  | 50%             | 50%            |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | SET   | 79%             | 80%            |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
| <b>Falls Reduction</b>  | <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></td> </tr> <tr> <td>Q2 2014</td> <td></td> </tr> <tr> <td>Q3 2014</td> <td></td> </tr> <tr> <td>Q4 2014</td> <td></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 |  | Q2 2014 |  | Q3 2014 |  | Q4 2014 |  | Part A<br><br>40% | Part A<br><br>59% |  |
|   |  | Falls Reduction   | Quarterly Rate  |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Q1 2013   | 6.8             |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Q2 2013   | 6.5             |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Q3 2013   | 6.9             |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Q4 2013   | 6.4             |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Q1 2014   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Q2 2014   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Q3 2014   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  | Q4 2014   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
| Falls rate Q1 14 – awaiting information from Risk Management. | Part B<br><br>45%  | Part B<br><br>32%   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  |   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  |   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  |   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  |   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  |   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  |   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  |   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |
|   |  |   |                 |                |         |                |         |     |         |     |         |     |         |  |         |  |         |  |         |  |                   |                   |  |

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

| TITLE                           | TARGET  | ACTUAL PERFORMANCE       | PROGRESS |                |   | TREND ANALYSIS                                      |                  |  |
|---------------------------------|---|--------------------------|----------|----------------|---|---|------------------|--|
|                                 |   |                          | MAY      | JUNE           | JULY  |   |                  |  |
| <b>Pressure Ulcer Reduction</b> | Secure a 10% reduction in pressure ulcers and sustain spread to all adult inpatient areas / wards.<br><br>To monitor and report on bundle compliance and the rate of pressure ulcers per 1000 bed days.                   |                          |          |                | <b>SKIN Bundle Compliance</b>                               |   |                  |  |
|                                 |   | Pressure Ulcer Reduction |          | Quarterly Rate |   | Medical<br>96%                                      | Medical<br>95%   |  |
|                                 |   | Q1 2013                  |          | 0.39           |   | Surgical<br>96%                                     | Surgical<br>97%  |  |
|                                 |   | Q2 2013                  |          | 0.35           |   | W&CH<br>83%   | W&CH<br>100%     |  |
|                                 |   | Q3 2013                  |          | 0.40           |   | Paediatrics<br>42%                                  | Paediatrics<br>- |  |
|                                 |   | Q4 2013                  |          | 0.42           |   | PU rate Q1 14 – Awaiting bed days to calculate rate |                  |  |
|                                 |   | Q1 2014                  |          |                |   |   |                  |  |
|                                 |   | Q2 2014                  |          |                |   |   |                  |  |
|                                 |   | Q3 2014                  |          |                |   |   |                  |  |
|                                 |   | Q4 2014                  |          |                |   |   |                  |  |
| <b>Sepsis</b>                   | 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. |                          |          |                | Work to commence through the HSC Safety Forum in this area. |   |                  |  |

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

Compliance with individual elements of the FallSafe Bundle by the pilot wards

|        |   | May 14  |         | Jun 14  |         | Jul 14  |         |
|--------|---|---------|---------|---------|---------|---------|---------|
|        |   | Ward 19 | Ward 22 | Ward 19 | Ward 22 | Ward 19 | Ward 22 |
| Part A | 1. Notes: Asked about history of falls?   | 32%     | 79%     | 75%     | 84%     |         |         |
|        | 2. Notes: Asked about fear of falling?  | 32%     | 79%     | 75%     | 79%     |         |         |
|        | 3. Notes: Urinalysis performed?   | 68%     | 63%     | 70%     | 95%     |         |         |
|        | 4. Drug card: Avoided new night sedation last night?                              | 95%     | 100%    | 100%    | 94%     |         |         |
|        | 5. Observe: Call bell working and in reach?                                       | 100%    | 100%    | 95%     | 100%    |         |         |
|        | 6. Observe: Safe Footwear?  | 100%    | 100%    | 90%     | 100%    |         |         |
|        | 7. Notes: Clear Communication of mobility status?                                 | 100%    | 100%    | 90%     | 100%    |         |         |
|        | 8. Observe: Personal items are in reach?  | 100%    | 100%    | 100%    | 100%    |         |         |
|        | 9. Observe: Slips / Trips hazards (Y = compliant, ie no trips hazards identified) | 100%    | 100%    | 100%    | 100%    |         |         |
| Part B | 1. Notes: Cognitive Screen?   | 58%     | 84%     | 85%     | 94%     |         |         |
|        | 2. Notes: Bedrails risk assessment completed?                                     | 37%     | 84%     | 70%     | 100%    |         |         |
|        | 3. Notes: Lying and standing BP recorded?   | 89%     | 100%    | 85%     | 63%     |         |         |
|        | 4. Notes: Full medication review requested?                                       | 21%     | 100%    | 0%      | 100%    |         |         |



## SAFE & EFFECTIVE CARE

| TITLE                     | TARGET  | NARRATIVE  | PROGRESS   |            |            |            | TREND   |
|---------------------------|---|--|------------|------------|------------|------------|---|
|                           |   |  | Q2         | Q3         | Q4         | Q1 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<br>91% | SET<br>90% | SET<br>92% | SET<br>90% | <p>The chart displays cleanliness scores for four facility types: SET (dark blue), UH (light blue), LVH (yellow), and DH (green). The y-axis represents the score percentage from 75 to 100. The x-axis shows data for Q1, Q2, Q3, Q4-14, and Q1-14. Two horizontal target lines are shown: a blue line for the Regional Target at 85% and a red line for the SET Target at 88%. All facility types consistently score above both targets, with SET and DH generally performing best.</p> |
|                           |   |  | UH<br>91%  | UH<br>87%  | UH<br>91%  | UH<br>85%  |   |
|                           |   |  | LVH<br>92% | LVH<br>90% | LVH<br>90% | LVH<br>92% |   |
|                           |   |  | DH<br>96%  | DH<br>95%  | DH<br>94%  | DH<br>94%  |   |

**SAFE & EFFECTIVE CARE**

| TITLE                            | TARGET  | NARRATIVE   | PROGRESS |    |    |             | TREND |
|----------------------------------|---|---|----------|----|----|-------------|-------|
|                                  |   |   | Q2       | Q3 | Q4 | Q1<br>14/15 |       |
| <b>Environmental Cleanliness</b> | <p>From September 2010, the Trust should put in place arrangements to routinely review compliance with standards of hygiene and cleanliness. Trust review arrangements should include consideration at Trust Board.</p> | <p>The review of the Regional Cleanliness Matters Strategy is not yet complete.</p> <p>In the absence of the updated and consolidated regional standards, arrangements currently in place include an extensive audit programme in accordance with assessed risk.</p> <p>EMT receive quarterly reports and the Assistant Director of Patient Experience and the Assistant Director of Estates report to EMT with 6 monthly and end of year positions.</p> <p>Quarterly reports are sent to Corporate Control Committee who report upwards to Trust Board. Quarterly reporting is also in place to IP&amp;C Committee.</p> <p>An annual report is produced by the Environmental Cleanliness Committee, presented to Trust Board and widely circulated including the Trust Intranet site.</p> <p>To further enhance what is already in place the Chairman and Non Executive Directors commenced a programme of Environmental visits throughout the Trust in August 2010.</p> |          |    |    |             |       |

# HOSPITAL SERVICES

# HOSPITAL SERVICES

## Hospital Services Directorate – Commissioning Plan Targets Dashboard 2014/15

| Service Area                                   | Target   | JUL             | AUG   | SEPT   | OCT       | NOV        | DEC        | JAN 14     | FEB        | MAR         |       | APR         | MAY         | JUN         | JUL         |       |
|--|--|-----------------|-------|--------|-----------|------------|------------|------------|------------|-------------|-------|-------------|-------------|-------------|-------------|-------|
| Outpatient waits                               | Min 80% <9 wks for first appt (was 70% in 13/14)   | 77.1%           | 74.2% | 83%    | 80.4%     | 83%        | 78.8%      | 74.1%      | 76.4%      | 80.3%       |       | 72.4%       | 68.7%       | 69.6%       | 65.8%       |       |
|  | All <15 wks (was 18 wks)   | 97.1%           | 97.8% | 99.6%  | 99.4%     | 99.1%      | 98.8%      | 98.2%      | 97.5%      | 97.2%       |       | 92.5%       | 89%         | 88.5%       | 85.4%       |       |
| Diagnostic waits                               | Imaging (<9 weeks)   | 98.4%           | 99.3% | 99.97% | 98.9%     | 99.6%      | 98.4%      | 97.4%      | 98.8%      | 100%        |       | 98.6%       | 98%         | 97%         | 97.7%       |       |
|  | Physiological Measurement (<9 wks)   | 89.3%           | 89.3% | 92%    | 93.1%     | 93.1%      | 90%        | 83.7%      | 84.6%      | 85.5%       |       | 83.2%       | 77.3%       | 77.5%       | 75.7%       |       |
|  | Diag Endoscopies   | < 9 wks         | 94.5% | 86.8%  | 78.3%     | 79.5%      | 85.5%      | 96.4%      | 95.1%      | 96.4%       | 100%  |             | 96.6%       | 89.7%       | 88.3%       | 86.6% |
|  |  | < 13 wks        | 85.2% | 87.2%  | 88.1%     | 87%        | 88.3%      | 89.3%      | 83.3%      | 83.4%       |       | 82.6%       | 80.9%       | 78.6%       | 78.2%       |       |
| Inpatient & Daycase Waits                      | Min 80% <13 wks (was 70%)  | 86.7%           | 84%   | 86.4%  | 83.8%     | 87%        | 85.8%      | 83.6%      | 83.6%      | 85.9%       |       | 84.1%       | 81.3%       | 80.1%       | 80.3%       |       |
|  | All <26 wks (was <30 wks)  | 98.8%           | 98.7% | 99.9%  | 99.5%     | 99.6%      | 99.4%      | 98.6%      | 98.1%      | 99.2%       |       | 97.2%       | 95.8%       | 95.8%       | 95%         |       |
| Diagnostic Reporting                           | Urgent tests reported <2 days  | 94.9%           | 95.6% | 94.5%  | 95.2%     | 96.7%      | 95.6%      | 97.6%      | 96.6%      | 96.6%       |       | 94.7%       | 96.1%       | 96.6%       | 96.9%       |       |
| Emergency Departments<br>95% ≤ 4 hrs           | SET  | 4hr performance | 81.4% | 80.4%  | 82.8%     | 82.6%      | 83.5%      | 79.2%      | 77.9%      | 76.2%       | 78.3% |             | 81.4%       | 80.4%       | 82.8%       | 85.5% |
|  |  | 12hr breaches   | 165   | 112    | 56        | 48         | 21         | 23         | 19         | 39          | 85    |             | 39          | 2           | 6           | 1     |
|  | UHD  | 4hr performance | 70%   | 70.3%  | 73.1%     | 74.5%      | 77.9%      | 70.7%      | 69.2%      | 66.4%       | 69.3% |             | 74.1%       | 72.4%       | 76%         | 80.1% |
|  |  | 12hr breaches   | 164   | 103    | 52        | 47         | 8          | 21         | 19         | 38          | 85    |             | 38          | 1           | 6           | 1     |
|  | LVH  | 4hr performance | 94.4% | 90.8%  | 92.8%     | 88.3%      | 87.3%      | 87.8%      | 84.4%      | 85.1%       | 84.6% |             | 83.2%       | 84.8%       | 84.8%       | 86.5% |
|  |  | 12hr breaches   | 0     | 0      | 0         | 0          | 11         | 0          | 0          | 1           | 0     |             | 1           | 0           | 0           | 0     |
|  | DH   | 4hr performance | 88.1% | 83%    | 87.9%     | 88%        | 85.1%      | 86.7%      | 88.4%      | 88%         | 89.9% |             | 92%         | 90.7%       | 90.6%       | 91.9% |
|  |  | 12hr breaches   | 1     | 9      | 4         | 1          | 2          | 2          | 0          | 0           | 0     |             | 0           | 1           | 0           | 0     |
| Non Complex discharges                         | ALL <6hrs  | 93.5%           | 92.2% | 92.8%  | 93.6%     | 92.6%      | 93.3%      | 92.5%      | 92.2%      | 90.7%       |       | 91.5%       | 90.5%       | 91.8%       | 92.4%       |       |
| Hip Fractures                                  | >95% treated within 48hrs  | 71%             | 75%   | 79%    | 60%       | 92%        | 86%        | 86%        | 94%        | 88%         |       | 74%         | 69%         | 81%         | 83%         |       |
| Stroke Services                                | 12% patients with confirmed Ischaemic stroke to receive thrombolysis (was 10%)           | 10.3%           | 10%   | 6%     | 16.6%     | 9.4%       | 27.5%      | 20%        | 19.5%      | 9.4%        |       | 13.8%       | 14.8%       | 6%          | 11.1%       |       |
| Cancer Services                                | >95% urgent referrals receive first definitive treatment within 62 days                  | 85.9%           | 81.1% | 77.2%  | 65.9%     | 84.3%      | 65.5%      | 67%        | 67%        | 74.8%       |       | 71.3%       | 71.8%       | 71.7%       | 72.5%       |       |
|  | % seen within 14 days of urgent referral for breast cancer (n= breaches)                 | 99.2%           | 94.5% | 95%    | 94.6%     | 18.8% (95) | 67.1% (43) | 74.9% (34) | 36.2% (91) | 16.7% (100) |       | 11.8% (126) | 11.9% (177) | 20.9% (144) | 10.3% (165) |       |
|  | % receiving first definitive treatment within 31 days of a cancer diagnosis (Target 98%) | 97.5%           | 100%  | 97.4%  | 97.3%     | 98.5%      | 97.8%      | 97.3%      | 93.9%      | 96.7%       |       | 98%         | 96%         | 97%         | 98.9%       |       |
| Specialist Drug Therapy; no pt. waiting >3mths | Severe Arthritis (n) - Breach  | 100%            | 100%  | 100%   | 90.9% (1) | 100%       | 66.6% (2)  | 100%       | 100%       | 100%        |       | 100%        | 100%        | 100%        | 100%        |       |
|  | Psoriasis (n) - Breaches   | 100%            | 100%  | 100%   | 100%      | 100%       | 100%       | 66% (1)    | 100%       | 100%        |       | 100%        | 100%        | 50% (1)     | 100%        |       |

# HOSPITAL SERVICES

## Hospital Services – HSC Indicators of Performance 2014/15

| Service Area  | Indicator   | JUL     | AUG     | SEPT      | OCT       | NOV       | DEC       | JAN 14    | FEB       | MAR       |      | APR       | MAY                        | JUN   | JUL   |     |
|---|---|---------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------|-----------|----------------------------|-------|-------|-----|
| Diagnostic Reporting  | % routine tests reported >14 days (Target formerly 75%)   | 97.4%   | 94.7%   | 99.3%     | 98.3%     | 99.7%     | 96.7%     | 98.7%     | 97.5%     | 98.6%     |      | 99.5%     | 99.8%                      | 96%   | 99.1% |     |
|   | % routine tests reported > 28 days (Target formerly 100%)   | 98.4%   | 99.4%   | 99.9%     | 99.9%     | 99.9%     | 99.9%     | 99.9%     | 100%      | 99.9%     |      | 100%      | 99.9%                      | 100%  | 99.9% |     |
| % Operations cancelled for non-clinical reasons (Target formerly <2%) | Downe Cancellations mainly due to equipment failure   | SET     | 2.2%    | 1.6%      | 1%        | 1.6%      | 1.4%      | 0.8%      | 1%        | 0.8%      | 1.2% |           | 1.1%                       | 0.9%  | 1.4%  | 1.7 |
|   |   | UHD     | 2.9%    | 1.8%      | 1.4%      | 1.9%      | 1.4%      | 0.9%      | 1.2%      | 0.8%      | 2%   |           | 2.0%                       | 1.3%  | 1.5%  | 2.1 |
|   |   | AR      | 1%      | 0.3%      | 0%        | 4.6%      | 0.2%      | 1.7%      | 1.1%      | 2.5%      | 0%   |           | 0%                         | 1.5%  | 1.3%  | 1.7 |
|   |   | LVH     | 1.4%    | 1.8%      | 0.6%      | 0%        | 1.1%      | 0.3%      | 0.9%      | 0.3%      | 1%   |           | 0.9%                       | 0.3%  | 0.4%  | 0.6 |
|   |   | DH      | 3.3%    | 1.6%      | 1.7%      | 0%        | 3.7%      | 0.3%      | 0%        | 0%        | 0.3% |           | 0.3%                       | 0.3%  | 3.1%  | 2.8 |
| Pre-operative Length of Stay  | % pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)            | Cum 23% | Cum 23% | Cum 22%   | Cum 22%   | Cum 24%   | Cum 24%   | Cum 26%   | Cum 27%   | Cum 28%   |      | Cum 39%   | Reported 3 mths in arrears |       |       |     |
| Day Case Rate   | Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)                          | Cum 76% | Cum 75% | Cum 76.4% | Cum 76.4% | Cum 76.9% | Cum 76.5% | Cum 76.7% | Cum 78.1% | Cum 77.4% |      | Cum 77.7% | Reported 3 mths in arrears |       |       |     |
| Emergency Departments   | Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)  | 11524   | 11299   | 11152     | 11249     | 10432     | 10333     | 9753      | 9089      | 10621     |      | 10414     | 10610                      | 10582 | 10868 |     |
|   | Ulster Hospital   | 7202    | 6942    | 6932      | 7016      | 6599      | 6700      | 6774      | 6320      | 7382      |      | 7014      | 7207                       | 7164  | 7424  |     |
|   | Lagan Valley Hospital   | 2343    | 2314    | 2370      | 2436      | 2232      | 2094      | 1681      | 1628      | 1772      |      | 1863      | 1872                       | 1911  | 1832  |     |
|   | Downe Hospital  | 1979    | 2043    | 1850      | 1797      | 1601      | 1539      | 1298      | 1141      | 1467      |      | 1537      | 1531                       | 1507  | 1612  |     |
| Elective Care   | % DNA rate at review outpatients appointments (Core/WLI)  | 10.7%   | 10.5%   | 11.1%     | 11.4%     | 10.7%     | 11.3%     | 11.2%     | 10.4%     | 10.2%     |      | 11.1%     | 11%                        | 10.3% | 10.5% |     |
|   | % New O/P appointments cancelled by hospital (Core/WLI) Target <5%                                    | 6.8%    | 6.6%    | 6%        | 5.6%      | 6.3%      | 7.2%      | 6.1%      | 5.3%      | 6.9%      |      | 6.9%      | 5.1%                       | 5.5%  | 7.5%  |     |
|   | Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc) | 5289    | 5321    | 5208      | 5939      | 5367      | 4808      | 5596      | 5375      | 5630      |      | 6174      | 6333                       | 7125  | 6938  |     |
| Other Operative Fractures   | >95% within 48hrs   | 79%     | 80%     | 78%       | 70%       | 83%       | 80%       | 80%       | 91%       | 85%       |      | 74%       | 73%                        | 75%   | 85%   |     |
|   | 100% within 7 days  | 92.9%   | 97.6%   | 97.8%     | 98.9%     | 97.6%     | 98.7%     | 96.4%     | 100%      | 100%      |      | 96.3%     | 93.8%                      | 100%  | 100%  |     |
| Stroke  | No of patients admitted with stroke   | 29      | 30      | 34        | 42        | 32        | 40        | 35        | 41        | 32        |      | 29        | 27                         | 33    | 36    |     |

## HOSPITAL SERVICES

### Hospital Services – Directorate KPIs and SQE Indicators

| Service Area   | Indicator   | JUL   | AUG   | SEPT  | OCT   | NOV   | DEC   | JAN 14 | FEB   | MAR   |  | APR   | MAY   | JUN   | JUL   |
|--|---|-------|-------|-------|-------|-------|-------|--------|-------|-------|--|-------|-------|-------|-------|
| Length of stay General Med on discharge (UHD only)     | Ave LOS untrimmed   | 5.4   | 5.8   | 5.2   | 5.6   | 5     | 5     | 6.3    | 6     | 6.3   |  | 6.4   | 5.5   | 6     | 5.2   |
|  | Ave LOS trimmed   | 4.4   | 4.6   | 4.4   | 4.2   | 4.1   | 4.2   | 4.5    | 4.8   | 4.9   |  | 4.6   | 4.6   | 4.6   | 4.5   |
| Length of Stay Care of Elderly on discharge (UHD only) | Ave LOS untrimmed   | 13.4  | 12.4  | 11.7  | 11.4  | 10.7  | 12    | 14.3   | 13.1  | 14.9  |  | 12.4  | 12    | 11.3  | 13.1  |
|  | Ave LOS trimmed   | 8.4   | 8.4   | 7.9   | 7.2   | 7.2   | 8.3   | 8.9    | 8     | 8.2   |  | 7.5   | 7.3   | 7.1   | 8.5   |
| Emergency Department, Ulster Hospital                  | % Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)              | 77.3% | 79.4% | 76.5% | 78.6% | 77.1% | 76.5% | 75.5%  | 67.1% | 72%   |  | 83.9% | 81%   | 84.8% | 85.1% |
|  | % NEW attendances who left without being seen (Target < 5%)                           | 4.6%  | 3.9%  | 2.8%  | 2.4%  | 2.9%  | 3.5%  | 2.8%   | 3.6%  | 3.2%  |  | 2.8%  | 3.2%  | 3.1%  | 2.8%  |
|  | Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)             | 3%    | 2.4%  | 2.8%  | 3.1%  | 2.9%  | 2.7%  | 2.9%   | 2.5%  | 2.6%  |  | 2.7%  | 2.7%  | 3.1%  | 2.9%  |
|  | % seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded) | 46.3% | 47.9% | 47.6% | 49.2% | 50.6% | 43.6% | 43.7%  | 41.5% | 41.1% |  | 41.5% | 43.2% | 46.7% | 48.4% |

### Hospital Services – Corporate Issues

| Service Area                    | Indicator  | JUL | AUG | SEPT | OCT  | NOV | DEC | JAN 14 | FEB | MAR |  | APR | MAY | JUN | JUL |
|---------------------------------|--|-----|-----|------|------|-----|-----|--------|-----|-----|--|-----|-----|-----|-----|
| Complaints                      | How many complaints were received this month?                    | 31  | 45  | 33   | 28   | 33  | 28  | 35     | 42  | 27  |  | 31  | 47  | 46  | 52  |
|                                 | What % were responded to within the 20 day target? (target 65%)  | 16% | 47% | 36%  | 36%  | 39% | 39% | 29%    | 36% | 41% |  | 61% | 64% | 63% |     |
|                                 | How many were outside the 20 day target?                         | 26  | 24  | 21   | 18   | 20  | 17  | 25     | 27  | 16  |  | 12  | 17  | 17  |     |
| Freedom of Information Requests | How many FOI requests were received this month?                  | 2   | 3   | 2    | 2    | 8   | 5   | 6      | 11  | 9   |  | 5   | 4   | 3   |     |
|                                 | What % were responded to within the 20 day target? (target 100%) | 50% | 67% | 0%   | 100% | 63% | 20% | 0%     | 36% | 56% |  | 60% | 75% | 67% |     |
|                                 | How many were outside the 20 day target?                         | 1   | 1   | 2    | 0    | 3   | 4   | 6      | 7   | 4   |  | 2   | 1   | 1   |     |

## HOSPITAL SERVICES

| TITLE  | TARGET   | NARRATIVE   | PERFORMANCE  |                 |                 | TREND |
|--|--|---|--|-----------------|-----------------|-------|
|  |  |   | MAY  | JUN             | JUL             |       |
| 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.<br>[n] = total waiting<br>(n) = waiting > 9 wks<br>{n} = waiting >15 wks   | 68.7%  | 69.6%           | 65.8%           |       |
| Diagnostic waits   | No patient should wait longer than 9 weeks for a diagnostic test.  | <b>Imaging (9 wk target)</b><br>These figures relate to Imaging waits only.<br>[n] = total waiting (n) = breaches<br><i>N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.</i> | 98%  | 97%             | 97.7%           |       |
|  |  |   | <b>Physiological Measurement (9wk)</b><br>These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy. | 77.3%           | 77.5%           |       |
|  | No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy.                                       | <b>Diagnostic Endoscopies Inpatient / Day Case (9 wk target)</b><br>(this is a subset of the Day-case target reported overleaf)   | 89.7%  | 88.3%           | 86.6%           |       |
| <b>Diagnostic Endoscopies Inpatient / Day Case (13 wk target)</b>  |  |   | 80.9%  | 78.6%           | 78.2%           |       |
| No patient should wait longer than 13 weeks for other endoscopies. |  | [n] = total waiting<br>(n) = breaches   | [1271]<br>(131)  | [1349]<br>(158) | [1575]<br>(211) |       |

## HOSPITAL SERVICES

| TITLE                     | TARGET   | NARRATIVE   | PERFORMANCE             |                         |                         | TREND |
|---------------------------|--|---|-------------------------|-------------------------|-------------------------|-------|
|                           |  |   | MAY                     | JUN                     | JUL                     |       |
| 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<br>% = % treated within 13 weeks<br>(n) = breaches  | 81.3%<br>(894)          | 80.1%<br>(1015)         | 80.3%<br>(1081)         |       |
|                           |  | All Specialties – 26 wk target<br>% = % treated within 26 weeks<br>(n) = breaches (26 wks)  | 95.8%<br>(200)          | 95.8%<br>(227)          | 95%<br>(276)            |       |
| Diagnostic Reporting      | All urgent diagnostic tests to be reported within 2 days of the test being undertaken.   | In July 2014 – 1376 total urgent tests reported, 1333 reported in < 2 days<br>(n) = breaches > 2 days<br>[n] = total urgent tests | 96.1%<br>(51)<br>[1297] | 96.6%<br>(47)<br>[1370] | 96.9%<br>(43)<br>[1376] |       |



## HOSPITAL SERVICES

| TITLE                  | TARGET   | NARRATIVE   | PERFORMANCE  |   |   | TREND |
|------------------------|--|---|--|---|---|-------|
|                        |  |   | MAY  | JUN   | JUL   |       |
| 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 &amp; Bangor Minor Injury Units.</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><b>SET</b></p> <p>12333</p> <p>[9917]</p> <p>80.4%</p> <p>(2)</p> | <p><b>SET</b></p> <p>12509</p> <p>[10356]</p> <p>82.8%</p> <p>(6)</p> | <p><b>SET</b></p> <p>12771</p> <p>[10919]</p> <p>85.5%</p> <p>(1)</p> |       |
|                        |  |   | <p><b>UH</b></p> <p>7207</p> <p>[5218]</p> <p>72.4%</p> <p>(1)</p>   | <p><b>UH</b></p> <p>7164</p> <p>[5444]</p> <p>76%</p> <p>(6)</p>      | <p><b>UH</b></p> <p>7424</p> <p>[5950]</p> <p>80.1%</p> <p>(1)</p>    |       |
|                        |  |   | <p><b>LVH</b></p> <p>1872</p> <p>[1588]</p> <p>84.8%</p> <p>(0)</p>  | <p><b>LVH</b></p> <p>1911</p> <p>[1621]</p> <p>84.8%</p> <p>(0)</p>   | <p><b>LVH</b></p> <p>1832</p> <p>[1585]</p> <p>86.5%</p> <p>(0)</p>   |       |
|                        |  |   | <p><b>DH</b></p> <p>1531</p> <p>[1388]</p> <p>90.7%</p> <p>(1)</p>   | <p><b>DH</b></p> <p>1507</p> <p>[1365]</p> <p>90.6%</p> <p>(0)</p>    | <p><b>DH</b></p> <p>1612</p> <p>[1481]</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>   | 90.5%  | 91.8%   | 92.4%   |       |

## HOSPITAL SERVICES

| TITLE                     | TARGET   | NARRATIVE  | PERFORMANCE |      |       | TREND  |
|---------------------------|--|--|-------------|------|-------|--|
|                           |  |  | MAY         | JUN  | JUL   |  |
| 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.<br>n = number of fractures<br>(n) = number < 48 hours<br>[n] = number >48 hours                                   | 69%         | 81%  | 83%   |  |
|                           |  |  | 29          | 26   | 24    |  |
|                           |  |  | (20)        | (21) | (20)  |  |
|                           |  |  | [9]         | [5]  | [4]   |  |
| Other Operative Fractures | 95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment.<br><br>No patient to wait longer than 7 days for operative fracture treatment (inc. day cases) | % is performance against 48 hour target.<br>n = number of fractures<br>(n) = number < 48 hours<br>[n] = number >48 hours<br>{n} = number > 7days | 73%         | 75%  | 85%   |  |
|                           |  |  | 80          | 93   | 78    |  |
|                           |  |  | (58)        | (70) | (66)  |  |
|                           |  |  | [22]        | [23] | [12]  |  |
|                           |  |  | {5}         | {0}  | {0}   |  |
| Stroke Services           | From April 2014, ensure that at least 12% of patients with confirmed ischaemic stroke receive thrombolysis.  | % = % treated with thrombolysis<br>n = number treated with thrombolysis<br>(n) = number confirmed Ischaemic strokes                              | 14.8%       | 6%   | 11.1% | All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment. |
|                           |  |  | 4           | 2    | 4     |  |
|                           |  |  | (27)        | (33) | (36)  |  |

## HOSPITAL SERVICES

| TITLE                 | TARGET  | NARRATIVE  | PERFORMANCE                        |                                    |                                    | TREND |
|-----------------------|---|--|------------------------------------|------------------------------------|------------------------------------|-------|
|                       |   |  | MAY                                | JUN                                | JUL                                |       |
| 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 34 SET CBYL referrals received during June 2014. All were offered appointments within 24 hours.</p> <p>There were also 8 Belfast Trust patients who attended the Ulster Hospital ED – all were passed on to Belfast Trust CBYL Service.</p> <p>We also received 7 referrals from Belfast of SET Patients who had presented at RVH.</p> <p>4 DNA, 6 Refused</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>(31)</p> <p>[0]</p> | <p>100%</p> <p>(21)</p> <p>[0]</p> | <p>100%</p> <p>(34)</p> <p>[0]</p> |       |

## HOSPITAL SERVICES

| TITLE           | TARGET  | NARRATIVE   | PERFORMANCE |       |       | TREND  |
|-----------------|---|---|-------------|-------|-------|--|
|                 |   |   | MAY         | JUN   | JUL   |  |
| 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</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 July 2014, 45.5 patients were seen. There were 12.5 breaches involving 17 patients, of whom 9 were shared.</p> <p>Revisions post patient pathway confirmation and pathology validation:</p> <p>May was 71.8%, 55 (15.5) now 72.1%, 55.5 (15.5)</p> <p>June was 71.7%, 53 (15) now 73.4%, 54.5 (14.5)</p> | 72.1%       | 73.4% | 72.5% | <p>100<br/>90<br/>80<br/>70<br/>60<br/>50<br/>40<br/>30<br/>20<br/>10<br/>0</p> <p>Jul Aug Sept Oct Nov Dec Jan-14 Feb Mar Apr May Jun Jul</p> <p>62 DayTarget Target Line</p> |
|                 | From April 2014 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>   | 11.9%       | 20.9% | 10.3% |  |
|                 | 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</p> <p>(n) = breaches</p>   | 96%         | 97%   | 98.9% |  |

## HOSPITAL SERVICES

| TITLE                     | TARGET   | NARRATIVE  | PERFORMANCE        |  |                    | TREND |
|---------------------------|--|--|--------------------|--|--------------------|-------|
|                           |  |  | MAY                | JUN                                    | JUL                |       |
| 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<br>(n) = total waiting<br>[n] = breaches  | 100%<br>(2)<br>[0] | 100%<br>(4)<br>[0]                     | 100%<br>(6)<br>[0] |       |
|                           | From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.   | % = percentage waits < 13 weeks<br>(n) = total waiting<br>[n] = breaches | 100%<br>(2)<br>[0] | <b>50%</b><br><b>(2)</b><br><b>[1]</b> | 100%<br>(1)<br>[0] |       |

**PRIMARY CARE AND OLDER PEOPLE SERVICES**

# **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  | JUL              | AUG   | SEPT  | OCT               | NOV   | DEC   | JAN 14            | FEB   | MAR   |    | APR                           | MAY   | JUN   | JUL   |    |
|---------------------------------|---|------------------|-------|-------|-------------------|-------|-------|-------------------|-------|-------|----|-------------------------------|-------|-------|-------|----|
| Allied Health Professions waits | All < 9 weeks   | 97.7%            | 97.5% | 99.4% | 99.4%             | 99.4% | 97.3% | 97.8%             | 98.9% | 99.1% |    | 97%                           | 94.3% | 96%   | 96%   |    |
| Complex Discharges              | Min. 90% <48hrs (SET TOR)   | 88%              | 86.3% | 84.2% | 84.4%             | 83.6% | 84.2% | 71.5%             | 76.2% | 70.5% |    | 77.7%                         | 73.8% | 71.4% | 74.4% |    |
|                                 | Min. 90% <48hrs (All in SET beds)   | 83.1%            | 82.6% | 80.1% | 79.9%             | 81.7% | 79.7% | 66.5%             | 71%   | 70.7% |    | 75.6%                         | 75.7% | 69.5% | 73%   |    |
|                                 | ALL <7days  | 95.4%            | 94.6% | 92.7% | 92.4%             | 93.7% | 91.7% | 89.1%             | 90.6% | 88.4% |    | 91.8%                         | 93.2% | 91%   | 92.1% |    |
| Unplanned admissions            | Reduce by 5% for adults with specified long term conditions. Target for 13/14 = 1520<br>Target for 14/15 = 1444 | 476<br>(cum 989) |       |       | 584<br>(cum 1573) |       |       | 635<br>(cum 2208) |       |       |    | Reported quarterly in arrears |       |       |       |    |
| HCAI                            | Max 11 MRSA in year   | In Month         | 3     | 0     | 1                 | 2     | 1     | 4                 | 1     | 0     | 1  |                               | 1     | 1     | 0     | 0  |
|                                 |   | Cumulative       | 5     | 5     | 6                 | 8     | 9     | 13                | 14    | 14    | 15 |                               | 1     | 2     | 2     | 2  |
|                                 | Max 50 C. Diff. In year   | In Month         | 4     | 2     | 6                 | 2     | 4     | 3                 | 6     | 5     | 7  |                               | 5     | 4     | 1     | 6  |
|                                 |   | Cumulative       | 21    | 23    | 29                | 31    | 35    | 38                | 44    | 49    | 56 |                               | 5     | 9     | 10    | 16 |
| Direct Payments                 | 5% increase in number of Direct Payment cases (Target was 378)<br>(Target shared with Adult Services)           | 388              | 396   | 402   | 405               | 408   | 417   | 419               | 423   | 422   |    | 420                           | 416   | 425   | 438   |    |

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

| Service Area                  | Indicator                                  | JUL  | AUG  | SEPT | OCT  | NOV  | DEC  | JAN 14 | FEB  | MAR  |  | APR  | MAY  | JUN  | JUL        |
|-------------------------------|--|------|------|------|------|------|------|--------|------|------|--|------|------|------|------------|
| Assess and Treat Older People | All assessments completed <5 wks           | 100% | 100% | 100% | 100% | 100% | 100% | 100%   | 100% | 100% |  | 100% | 100% | 100% | 98%<br>(1) |
|                               | Main components of care needs met <8 weeks | 100% | 100% | 100% | 100% | 100% | 100% | 100%   | 100% | 100% |  | 100% | 100% | 100% | 100%       |

# PRIMARY CARE AND OLDER PEOPLE SERVICES

## Directorate KPIs & SQE Indicators – 2014/15

| Service Area            | Indicator  | JUL             | AUG             | SEPT            | OCT             | NOV             | DEC             | JAN 14          | FEB             | MAR             |  | APR            | MAY             | JUN             | JUL             |          |
|-------------------------|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--|----------------|-----------------|-----------------|-----------------|----------|
| Care Provision          | To achieve a 5% increase in no. of Adult Safeguarding referrals (Baseline = 601)           | 60<br>(cum 229) | 55<br>(cum 284) | 35<br>(cum 319) | 53<br>(cum 372) | 33<br>(cum 405) | 41<br>(cum 446) | 50<br>(cum 496) | 40<br>(cum 536) | 65<br>(cum 601) |  | 42<br>(cum 42) | 59<br>(cum 101) | 51<br>(cum 152) | 34<br>(cum 186) |          |
|                         | To achieve a 5% increase in no. of Adult Safeguarding Protection Plans (Baseline = 506)    | 51<br>(cum 196) | 41<br>(cum 237) | 27<br>(cum 264) | 45<br>(cum 309) | 29<br>(cum 338) | 35<br>(cum 373) | 40<br>(cum 413) | 34<br>(cum 447) | 59<br>(cum 506) |  | 19<br>(cum 19) | 50<br>(cum 69)  | 44<br>(cum 113) | 24<br>(cum 137) |          |
|                         | LOS Interim Beds<br>Baseline: 21 days  |                 |                 |                 |                 |                 |                 |                 |                 |                 |  |                | 21              | 27              | 20              | 25       |
|                         | % of clients discharged from reablement with no ongoing care package.<br>Baseline – 45%    |                 |                 |                 |                 |                 |                 |                 |                 |                 |  |                | 65%             | 46%             | 54%             | Data n/a |
| Older People's Services | 10% increase in number of completed E-NISAT Core Assessments.<br>Baseline = 90 Target = 99 |                 |                 |                 |                 |                 |                 |                 |                 |                 |  |                | 97              | 112             | 160             | 138      |
|                         | 20% increase in number of completed Carers Assessments<br>Baseline = 22 Target = 26        |                 |                 |                 |                 |                 |                 |                 |                 |                 |  |                | 24              | 28              | 19              | Data n/a |



# PRIMARY CARE AND OLDER PEOPLE SERVICES

## Primary Care & Older People Services - Corporate Issues

| Service Area                    | Indicator  | JUL | AUG | SEPT | OCT  | NOV | DEC | JAN 14 | FEB | MAR |  | APR | MAY | JUN | JUL |
|---------------------------------|--|-----|-----|------|------|-----|-----|--------|-----|-----|--|-----|-----|-----|-----|
| Complaints Handling             | How many complaints were received this month?                    | 7   | 9   | 7    | 16   | 4   | 9   | 12     | 13  | 7   |  | 4   | 7   | 8   | 7   |
|                                 | What % were responded to within the 20 day target? (target 65%)  | 57% | 56% | 29%  | 50%  | 50% | 56% | 33%    | 38% | 29% |  | 75% | 71% | 75% |     |
|                                 | How many were outside the 20 day target?                         | 3   | 4   | 5    | 8    | 2   | 4   | 8      | 8   | 5   |  | 1   | 2   | 2   |     |
| Freedom of Information Requests | How many FOI requests were received this month?                  | 6   | 4   | 2    | 2    | 5   | 4   | 4      | 4   | 3   |  | 4   | 5   | 4   |     |
|                                 | What % were responded to within the 20 day target? (target 100%) | 83% | 0%  | 100% | 100% | 60% | 0%  | 25%    | 25% | 33% |  | 50% | 40% | 25% |     |
|                                 | How many were outside the 20 day target?                         | 1   | 4   | 0    | 0    | 2   | 4   | 3      | 3   | 2   |  | 2   | 3   | 3   |     |

## PRIMARY CARE AND OLDER PEOPLE SERVICES

| TITLE                     | TARGET  | NARRATIVE   | PERFORMANCE                         |                                     |                                     | TREND   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
|---------------------------|---|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--------|------|----|-----|----|------|----|-----|------------|-----|---|-------|----------|-----|---|-------|------|-----|---|-------|-----------|-----|-----|-------|-----|-----|----|-------|--|---------------------------------|---------------------------------|--|
|                           |   |   | MAY                                 | JUNE                                | JULY                                |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| <b>AHP Waits</b>          | <p>No patient to wait longer than 9 weeks from referral to commencement of treatment.</p> | <p>At 31st July 2014 of 7246 patients on the AHP waiting list, 293 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 &gt;9 wks</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Physio</td> <td>3628</td> <td>37</td> <td style="background-color: yellow;">99%</td> </tr> <tr> <td>OT</td> <td>1183</td> <td>71</td> <td style="background-color: red;">94%</td> </tr> <tr> <td>Orthoptics</td> <td>239</td> <td>1</td> <td style="background-color: yellow;">99.6%</td> </tr> <tr> <td>Podiatry</td> <td>829</td> <td>1</td> <td style="background-color: yellow;">99.9%</td> </tr> <tr> <td>S&amp;LT</td> <td>386</td> <td>6</td> <td style="background-color: yellow;">98.4%</td> </tr> <tr> <td>Dietetics</td> <td>795</td> <td>147</td> <td style="background-color: red;">81.5%</td> </tr> <tr> <td>MDT</td> <td>186</td> <td>30</td> <td style="background-color: red;">83.9%</td> </tr> </tbody> </table> <p>[n] = total waiting<br/>(n) = breaches</p> | Service                             | No on W/L                           | Waiting >9 wks                      | Compliance  | Physio | 3628 | 37 | 99% | OT | 1183 | 71 | 94% | Orthoptics | 239 | 1 | 99.6% | Podiatry | 829 | 1 | 99.9% | S&LT | 386 | 6 | 98.4% | Dietetics | 795 | 147 | 81.5% | MDT | 186 | 30 | 83.9% | <p><b>94.3%</b><br/><b>[6844]</b><br/><b>(391)</b></p> | <p>96%<br/>[7530]<br/>(300)</p> | <p>96%<br/>[7246]<br/>(293)</p> | <p style="font-size: small; text-align: center;"> <span style="color: teal;">■</span> 9 week     <span style="color: red;">—</span> Target Line         </p> |
| Service                   | No on W/L   | Waiting >9 wks  | Compliance                          |                                     |                                     |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| Physio                    | 3628  | 37  | 99%                                 |                                     |                                     |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| OT                        | 1183  | 71  | 94%                                 |                                     |                                     |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| Orthoptics                | 239   | 1   | 99.6%                               |                                     |                                     |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| Podiatry                  | 829   | 1   | 99.9%                               |                                     |                                     |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| S&LT                      | 386   | 6   | 98.4%                               |                                     |                                     |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| Dietetics                 | 795   | 147   | 81.5%                               |                                     |                                     |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| MDT                       | 186   | 30  | 83.9%                               |                                     |                                     |   |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |
| <b>Complex Discharges</b> | <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>May was 73.7% (65) now 73.8% (65)</p> <p>Jun was 71.3% (69) now 71.4% (68)</p> <p>SET Key reasons:-</p> <ul style="list-style-type: none"> <li>No Domiciliary Care Package</li> <li>Patient / Family resistance</li> </ul>  | <p><b>73.8%</b><br/><b>(65)</b></p> | <p><b>71.4%</b><br/><b>(68)</b></p> | <p><b>74.4%</b><br/><b>(70)</b></p> | <p style="font-size: small; text-align: center;"> <span style="color: teal;">■</span> SET Resident     <span style="color: cyan;">■</span> All in SET Beds<br/> <span style="color: red;">—</span> Target Line         </p> |        |      |    |     |    |      |    |     |            |     |   |       |          |     |   |       |      |     |   |       |           |     |     |       |     |     |    |       |  |                                 |                                 |  |

## PRIMARY CARE AND OLDER PEOPLE SERVICES

| TITLE                     | TARGET   | NARRATIVE   | PERFORMANCE  |  |  | TREND  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
|---------------------------|--|---|--|--|--|--|-------|------------------|-----|----|-----|----|------|----|-----|----|-----|----|-----|----|--------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|
|                           |  |   | MAY  | JUNE   | JULY   |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| <b>Complex Discharges</b> | 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"> <li>• No Domiciliary Care Package</li> <li>• Community Equipment Delays</li> </ul> <p>Revisions post validation:-</p> <p>May was 75.1% (486) now 75.7% (503)</p> <p>June was 68% (465) now 69.5% (479)</p> <p>There were also corresponding changes in the Trust of residence figures.</p> | <p><b>75.7%</b></p> <p><b>(503)</b></p> <p><b>&gt;48 hrs<br/>By Trust of<br/>res</b></p> <p><b>SET 75<br/>BT 44<br/>NT 3</b></p> | <p><b>69.5%</b></p> <p><b>(479)</b></p> <p><b>&gt;48 hrs<br/>By Trust of<br/>res</b></p> <p><b>SET 83<br/>BT 62<br/>NT 1</b></p> | <p><b>73%</b></p> <p><b>(466)</b></p> <p><b>&gt;48 hrs<br/>By Trust of<br/>res</b></p> <p><b>SET 70<br/>BT 54<br/>ST 2</b></p> |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| <b>Complex Discharges</b> | No Complex discharge should take longer than 7 days.         | <p>All qualifying patients in SET beds.</p> <p>(n) = discharges delayed by more than 7 days.</p> <p>Post Validation</p> <p>May was 93% (34) now 93.2% (34)</p> <p>June was 90.8% (43) now 91% (43)</p>  | <p><b>93.2%</b></p> <p><b>(34)</b></p>   | <p><b>91%</b></p> <p><b>(43)</b></p>   | <p><b>92.1%</b></p> <p><b>(37)</b></p>   | <table border="1" style="display: none;"> <caption>Complex Discharges Performance Data</caption> <thead> <tr> <th>Month</th> <th>SET Resident (%)</th> </tr> </thead> <tbody> <tr><td>Jul</td><td>95</td></tr> <tr><td>Aug</td><td>94</td></tr> <tr><td>Sept</td><td>93</td></tr> <tr><td>Oct</td><td>93</td></tr> <tr><td>Nov</td><td>94</td></tr> <tr><td>Dec</td><td>93</td></tr> <tr><td>Jan-14</td><td>90</td></tr> <tr><td>Feb</td><td>91</td></tr> <tr><td>Mar</td><td>89</td></tr> <tr><td>Apr</td><td>92</td></tr> <tr><td>May</td><td>93</td></tr> <tr><td>Jun</td><td>91</td></tr> <tr><td>Jul</td><td>92</td></tr> </tbody> </table> | Month | SET Resident (%) | Jul | 95 | Aug | 94 | Sept | 93 | Oct | 93 | Nov | 94 | Dec | 93 | Jan-14 | 90 | Feb | 91 | Mar | 89 | Apr | 92 | May | 93 | Jun | 91 | Jul | 92 |
| Month                     | SET Resident (%)   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Jul                       | 95   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Aug                       | 94   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Sept                      | 93   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Oct                       | 93   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Nov                       | 94   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Dec                       | 93   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Jan-14                    | 90   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Feb                       | 91   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Mar                       | 89   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Apr                       | 92   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| May                       | 93   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Jun                       | 91   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |
| Jul                       | 92   |   |  |  |  |  |       |                  |     |    |     |    |      |    |     |    |     |    |     |    |        |    |     |    |     |    |     |    |     |    |     |    |     |    |

**PRIMARY CARE AND OLDER PEOPLE SERVICES**

| TITLE                | TARGET  | NARRATIVE  | PERFORMANCE          |                      |                       |                       | TREND |
|----------------------|---|--|----------------------|----------------------|-----------------------|-----------------------|-------|
|                      |   |  | Q1<br>2013/<br>14    | Q2                   | Q3                    | Q4                    |       |
| Unplanned Admissions | By March 2015 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions | 12/13 Baseline = 1688<br>13/14 Target = 1520<br><br><b>Reporting in arrears - Quarter 1 figures for 2014/15 will be available in September Report.</b> | 513<br><br>(cum 513) | 476<br><br>(cum 989) | 584<br><br>(cum 1573) | 635<br><br>(cum 2208) |       |

# PRIMARY CARE AND OLDER PEOPLE SERVICES

| TITLE                                     | TARGET  | NARRATIVE   | PERFORMANCE            |                         |                         | TREND |        |                   |    |      |                  |    |                      |                      |                      |
|---|---|---|------------------------|-------------------------|-------------------------|-------|--------|-------------------|----|------|------------------|----|----------------------|----------------------|----------------------|
|   |   |   | MAY                    | JUN                     | JUL                     |       |        |                   |    |      |                  |    |                      |                      |                      |
| 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<br>4<br>(cum 9) | C Diff<br>1<br>(cum 10) | C Diff<br>6<br>(cum 16) |       |        |                   |    |      |                  |    |                      |                      |                      |
|   |   | <table border="1"> <thead> <tr> <th></th> <th>2013 / 14 Total</th> <th>2014/15 Cum Target</th> </tr> </thead> <tbody> <tr> <td>C Diff</td> <td style="background-color: yellow;">56<br/>(Target 55)</td> <td>50</td> </tr> <tr> <td>MRSA</td> <td style="background-color: red;">15<br/>(Target 9)</td> <td>11</td> </tr> </tbody> </table> |                        | 2013 / 14 Total         | 2014/15 Cum Target      |       | C Diff | 56<br>(Target 55) | 50 | MRSA | 15<br>(Target 9) | 11 | MRSA<br>1<br>(cum 2) | MRSA<br>0<br>(cum 2) | MRSA<br>0<br>(cum 2) |
|   |   |   | 2013 / 14 Total        | 2014/15 Cum Target      |                         |       |        |                   |    |      |                  |    |                      |                      |                      |
| C Diff                                    | 56<br>(Target 55)   | 50  |                        |                         |                         |       |        |                   |    |      |                  |    |                      |                      |                      |
| MRSA                                      | 15<br>(Target 9)  | 11  |                        |                         |                         |       |        |                   |    |      |                  |    |                      |                      |                      |
| <b>June Figures subject to validation</b> |   |   |                        |                         |                         |       |        |                   |    |      |                  |    |                      |                      |                      |

## PRIMARY CARE AND OLDER PEOPLE SERVICES

| TITLE                       | TARGET  | NARRATIVE  | PERFORMANCE   |  |   | TREND  |
|-----------------------------|---|--|---|--|---|--|
|                             |   |  | MAY   | JUN  | JUL   |  |
| <b>Long-Term Conditions</b> | <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><b>TF3 Only</b></p> <p>In month:</p> <p style="text-align: center;">6131</p> <p style="text-align: center;">81.7%</p> <p>Cumulative:</p> <p style="text-align: center;">12179</p> <p style="text-align: center;">81.2%</p> | <p><b>TF3 Only</b></p> <p>In month:</p> <p style="text-align: center;">5965</p> <p style="text-align: center;">79.5%</p> <p>Cumulative:</p> <p style="text-align: center;">18,144</p> <p style="text-align: center;">80.6%</p> | <p>Data not available will be reported next month</p> | <p>The Monitored Patient Day data for June demonstrates a steady utilisation of RTM with TF3.</p> <p>However, with the use of U-Tell and D-Nav the performance levels remain in excess of Trust target.</p> <p>In month there were 4980 D-Nav MPD and 1494 MPD with U-Tell which gives additional 6474 MPD for Trust in June = 166% out turn.</p> <p>It is anticipated that this activity will soon be accepted Regionally and SET's cumulative outturn YTD is 169%.</p> |
|                             | <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:</p> <p style="text-align: center;">3529</p> <p style="text-align: center;">57.8%</p> <p>Cumulative:</p> <p style="text-align: center;">7058</p> <p style="text-align: center;">57.8%</p>                         | <p>In month:</p> <p style="text-align: center;">4118</p> <p style="text-align: center;">67.5%</p> <p>Cumulative:</p> <p style="text-align: center;">11626</p> <p style="text-align: center;">63.5%</p>                         | <p>Data not available will be reported next month</p> | <p>Service slot saturation is expected to occur by Autumn 2014. The referrals continue to be made but TF3's ability to deploy equipment has been limited but improvements are expected.</p>  |
| <b>Direct Payments</b>      | <p>By March 2015, secure a 5% increase in the number of direct payments across all programmes of care.</p>  |  | 416   | 425  | 432   |  |

# **ADULT SERVICES**

## ADULT SERVICES – MENTAL HEALTH SERVICES

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

| Service Area                  | Target                                | JUL   | AUG   | SEPT  | OCT   | NOV   | DEC  | JAN 14 | FEB   | MAR   |  | APR   | MAY   | JUN   | JUL   |
|-------------------------------|---------------------------------------|-------|-------|-------|-------|-------|------|--------|-------|-------|--|-------|-------|-------|-------|
| Adult MH Services waits       | All < 9 weeks                         | 100%  | 100%  | 100%  | 100%  | 100%  | 100% | 100%   | 99.9% | 100%  |  | 100%  | 100%  | 100%  | 100%  |
| Psychological therapies waits | All < 13 weeks                        | 91.8% | 92.2% | 86.6% | 85.4% | 84.5% | 73%  | 69.4%  | 69.3% | 69%   |  | 69.7% | 68.6% | 64.5% | 66.4% |
| Discharge and Follow-up       | 99% < 7days of decision to discharge  | 98%   | 99%   | 98%   | 98.8% | 100%  | 100% | 98.6%  | 100%  | 98.7% |  | 100%  | 100%  | 100%  | 99%   |
|                               | All < 28 days (no. Breaches)          | 3     | 5     | 4     | 3     | 3     | 3    | 3      | 3     | 2     |  | 2     | 2     | 2     | 5     |
|                               | All follow-up < 7 days from discharge | 100%  | 100%  | 100%  | 97%   | 100%  | 100% | 100%   | 100%  | 100%  |  | 100%  | 100%  | 100%  | 100%  |

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

| Service Area                | Indicator  | JUL | AUG | SEPT | OCT | NOV | DEC | JAN 14 | FEB | MAR |  | APR | MAY  | JUN | JUL |
|-----------------------------|--|-----|-----|------|-----|-----|-----|--------|-----|-----|--|-----|------|-----|-----|
| Young people in adult wards | Number of inpatients in adult Mental Health wards under 18 years         | 0   | 0   | 0    | 0   | 0   | 0   | 0      | 0   | 0   |  | 0   | 1    | 0   | 0   |
|                             | Percentage of all inpatients in adult Mental Health wards under 18 years | 0   | 0   | 0    | 0   | 0   | 0   | 0      | 0   | 0   |  | 0   | 1.3% | 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% |     |      |     |     |     |     |     |     |
|               | 95% of GP Assessment Centre Letters to be posted with 7 days.         | To be reported in arrears |      |      |      |     |      |     |     |     |     |     |     |



## ADULT SERVICES – MENTAL HEALTH SERVICES

### Adult Services Directorate – Mental Health Services - Corporate Issues

| Service Area                    | Indicator  | JUL | AUG | SEPT | OCT | NOV | DEC | JAN 14 | FEB | MAR |  | APR | MAY | JUN | JUL |
|---------------------------------|--|-----|-----|------|-----|-----|-----|--------|-----|-----|--|-----|-----|-----|-----|
| Complaints Handling             | How many complaints were received this month?                    | 9   | 2   | 6    | 4   | 5   | 5   | 5      | 4   | 5   |  | 7   | 5   | 4   | 8   |
|                                 | What % were responded to within the 20 day target? (target 65%)  | 22% | 50% | 33%  | 25% | 40% | 60% | 40%    | 0%  | 60% |  | 0%  | 40% | 50% |     |
|                                 | How many were outside the 20 day target?                         | 7   | 1   | 4    | 3   | 3   | 2   | 3      | 4   | 2   |  | 7   | 3   | 2   |     |
| Freedom of Information Requests | How many FOI requests were received this month?                  | 0   | 0   | 0    | 1   | 0   | 0   | 2      | 1   | 0   |  | 0   | 0   | 1   |     |
|                                 | What % were responded to within the 20 day target? (target 100%) | n/a | n/a | n/a  | 0%  | n/a | n/a | 0%     | 0%  | n/a |  | n/a | n/a | 0%  |     |
|                                 | How many were outside the 20 day target?                         | 0   | 0   | 0    | 1   | 0   | 0   | 2      | 1   | 0   |  | 0   | 0   | 1   |     |

### Adult Services Directorate – Clinical Psychology Services – KPIs

|                                     | APR    | MAY               | JUN               | JUL             | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR |
|-------------------------------------|--------|-------------------|-------------------|-----------------|-----|------|-----|-----|-----|-----|-----|-----|
| Direct Contacts (cum)               | 2442   | 3314<br>(5556)    | 2835<br>(8391)    | 2301<br>(10692) |     |      |     |     |     |     |     |     |
| Consultations (cum)                 | 200    | 284<br>(484)      | 274<br>(758)      | 78<br>(836)     |     |      |     |     |     |     |     |     |
| Supervision - Hours (cum)           | 155.25 | 147.5<br>(302.75) | 179.5<br>(482.25) | 129<br>(611.25) |     |      |     |     |     |     |     |     |
| Staff training - Hours (cum)        | 108    | 167<br>(275)      | 109.5<br>(384.5)  | 110<br>(494.5)  |     |      |     |     |     |     |     |     |
| Staff training - Participants (cum) | 351    | 401<br>(752)      | 434<br>(1186)     | 143<br>(1329)   |     |      |     |     |     |     |     |     |

## ADULT SERVICES – MENTAL HEALTH SERVICES

| TITLE                                      | TARGET  | NARRATIVE   | PERFORMANCE |       |       | TREND                          |     |     |     |  |  |
|--|---|---|-------------|-------|-------|--------------------------------|-----|-----|-----|--|--|
|  |   |   | MAY         | JUN   | JUL   |                                |     |     |     |  |  |
| 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<br>(n) = number on waiting list<br>[n] = number waiting > 9 weeks  | 100%        | 100%  | 100%  |                                |     |     |     |  |  |
|  |   |   | (393)       | (471) | (448) |                                |     |     |     |  |  |
| 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<br>(n) = number on waiting list<br>[n] = number waiting > 13 weeks   | 68.6%       | 64.5% | 66.4% |                                |     |     |     |  |  |
|  |   |   | (688)       | (715) | (757) |                                |     |     |     |  |  |
|  |   |   | [216]       | [254] | [254] |                                |     |     |     |  |  |
|  |   |   |             |       |       | Breaches                       | May | Jun | Jul |  |  |
|  |   |   |             |       |       | Mental Health<br>Old Age Psych | 152 | 191 | 200 |  |  |
|  |   |   |             |       |       | Adult Health                   | 64  | 63  | 54  |  |  |
|  |   |   |             |       |       | Children's                     | 0   | 0   | 0   |  |  |
|  |   |   |             |       |       | Learn Disability               | 0   | 0   | 0   |  |  |
|  |   |   |             |       |       | Total                          | 216 | 254 | 254 |  |  |
| 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 81 discharges in July 2014 – 80 were discharged within 7 days.   | 100%        | 100%  | 99%   |                                |     |     |     |  |  |
|  | All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.                                  | One waiting high cost placement. The other patient previously reported as delay is now not medically fit for discharge and is in active treatment. Four new delays in July – all pending accommodation and these are being addressed. | 2           | 2     | 5     |                                |     |     |     |  |  |
|  | 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 July 2014 for follow up within 7 days. All were offered appointments within 7 days.<br><br>59 seen, 1 Refused   | 100%        | 100%  | 100%  |                                |     |     |     |  |  |
| Resettle-ment                              | By March 2015, resettle the remaining long-stay patients in psychiatric hospitals to appropriate places in the community.               | Planned that the remaining long stay patients will be resettled most likely in October 2014 when new facility is operational.   | 0           | 0     | 0     |                                |     |     |     |  |  |

## ADULT SERVICES – DISABILITY SERVICES

### Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard 2014/15

| Service Area    | Target   | JUL   | AUG   | SEPT  | OCT   | NOV   | DEC   | JAN 14 | FEB   | MAR   |  | APR  | MAY  | JUN  | JUL |
|-----------------|--|-------|-------|-------|-------|-------|-------|--------|-------|-------|--|------|------|------|-----|
| Discharge       | 99% <7days of decision to discharge  | 100%  | 99.9% | 100%  | 99%   | 100%  | 100%  | 100%   | 100%  | 100%  |  | 100% | 100% | 100% | 99% |
|                 | All <28 days (no. Breaches)  | 9     | 10    | 10    | 11    | 8     | 9     | 9      | 11    | 11    |  | 10   | 10   | 10   | 8   |
|                 | Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community. | Cum 1 | Cum 1 | Cum 1 | Cum 1 | Cum 1 | Cum 2 | Cum 6  | Cum 8 | Cum 8 |  | 0    | 0    | 0    | 0   |
| Direct Payments | Number of Direct Payment cases (Target was 378 – Target shared with PC&OP)                                     | 388   | 396   | 402   | 405   | 408   | 417   | 419    | 423   | 422   |  | 420  | 416  | 425  | 438 |

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

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

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

| Service Area                                | Indicator   | JULY         | AUG           | SEPT          | OCT           | NOV           | DEC           | JAN 14        | FEB           | MAR           |  | APR   | MAY          | JUN          | JUL            |
|---|---|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--|-------|--------------|--------------|----------------|
| Adult Learning Disability /Adult Disability | Achieve 10% reduction in admissions to Muckamore<br>Baseline: 39 Target: 33 | 1<br>(cum 8) | 3<br>(cum 11) | 2<br>(cum 13) | 1<br>(cum 14) | 1<br>(cum 15) | 3<br>(cum 18) | 3<br>(cum 21) | 2<br>(cum 23) | 2<br>(cum 25) |  | 2     | 4<br>(cum 6) | 1<br>(cum 7) | 1<br>(cum 8)   |
|   | 100% compliance with Hand Hygiene Monthly Audits (Thompson House)           | 95.3%        | 93%           | 100%          | 95%           | 95%           | 95%           | 95%           | 96.5%         | 96%           |  | 96.3% | 100%         | 95%          | Data Not avail |

## ADULT SERVICES – DISABILITY SERVICES

|   |   | Quarter 1<br>(13/14)              | Quarter 2<br>(13/14)                                     | Quarter 3<br>(13/14)                                      | Quarter 4<br>(13/14)                                     |  | Quarter 1<br>(14/15)                      |
|---|---|-----------------------------------|--|---|--|--|---|
| Adult Learning Disability /Adult Disability | 50% of clients in day centres will have a person centred review completed.<br>Baseline: 556<br>Target: 278 (70 per quarter) | 1 <sup>st</sup> Quarter<br><br>50 | 2 <sup>nd</sup> Quarter<br><br>62<br><br>(cum total 112) | 3 <sup>rd</sup> Quarter<br><br>120<br><br>(cum total 232) | 4 <sup>th</sup> Quarter<br><br>91<br><br>(cum total 323) |  | 1 <sup>st</sup> Quarter<br><br>122        |
|   | Increase provision of alternative to bed based short breaks.<br>Baseline = 14,800 hrs (3,700 / quarter)                     | New KPI target for 14/15          |  |   |  |  | 1 <sup>st</sup> Quarter<br><br>5095 hours |
|   | Achieve minimum 88% internal environment cleanliness target.  | 91%                               | 93%  | 91%   | 90%  |  | 93%                                       |

### Adult Services Directorate – Disability Services – Corporate Issues

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

## ADULT SERVICES – DISABILITY SERVICES

| TITLE         | TARGET  | NARRATIVE  | PERFORMANCE           |                       |                     | TREND  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
|---------------|---|--|-----------------------|-----------------------|---------------------|--|---------------|-----|-----|-----|-----|---|---|---|------|---|---|---|-------|---|---|---|--------|---|---|---|------|---|---|---|--------------|-----------|-----------|
|               |   |  | MAY                   | JUN                   | JUL                 |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
| Discharge     | From April 2013, ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge. | There is currently one patient in this category awaiting discharge.  | 100%                  | 100%                  | 99%                 |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
|               | No discharge taking longer than 28 days.  | <p>The Trust currently has 8 people awaiting discharge, all of whom have been waiting for more than 28 days.</p> <p>This is an improvement on the 10 awaiting discharge in June.</p> <p>n = number awaiting discharge<br/>(n) = breaches</p> | <p>11</p> <p>(10)</p> | <p>10</p> <p>(10)</p> | <p>8</p> <p>(8)</p> | <p><b>Muckamore:-</b></p> <table border="1"> <thead> <tr> <th>Delay in days</th> <th>May</th> <th>Jun</th> <th>Jul</th> </tr> </thead> <tbody> <tr> <td>0-7</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>8-28</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>29-90</td> <td>1</td> <td>2</td> <td>1</td> </tr> <tr> <td>91-365</td> <td>3</td> <td>3</td> <td>2</td> </tr> <tr> <td>&gt;365</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td><b>Total</b></td> <td><b>10</b></td> <td><b>10</b></td> <td><b>8</b></td> </tr> </tbody> </table> | Delay in days | May | Jun | Jul | 0-7 | 1 | 0 | 0 | 8-28 | 0 | 0 | 0 | 29-90 | 1 | 2 | 1 | 91-365 | 3 | 3 | 2 | >365 | 5 | 5 | 5 | <b>Total</b> | <b>10</b> | <b>10</b> |
| Delay in days | May   | Jun  | Jul                   |                       |                     |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
| 0-7           | 1   | 0  | 0                     |                       |                     |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
| 8-28          | 0   | 0  | 0                     |                       |                     |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
| 29-90         | 1   | 2  | 1                     |                       |                     |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
| 91-365        | 3   | 3  | 2                     |                       |                     |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
| >365          | 5   | 5  | 5                     |                       |                     |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
| <b>Total</b>  | <b>10</b>   | <b>10</b>  | <b>8</b>              |                       |                     |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |
| Resettlement  | By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.      | <p>The Trust over-achieved against the 2013/14 target.</p> <p>Thirteen people remain in Muckamore to be resettled, however 2 are currently detailed and remain in treatment.</p>   |                       |                       |                     |  |               |     |     |     |     |   |   |   |      |   |   |   |       |   |   |   |        |   |   |   |      |   |   |   |              |           |           |

## ADULT SERVICES – PRISON HEALTHCARE SERVICES

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

| Service Area                 | Target  | JUL       | AUG        | SEPT     | OCT     | NOV       | DEC       | JAN 14     | FEB       | MAR       |  | APR       | MAY       | JUN       | JUL       |
|------------------------------|---|-----------|------------|----------|---------|-----------|-----------|------------|-----------|-----------|--|-----------|-----------|-----------|-----------|
| Reception/<br>Committal      | ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison   | 98.2%     | 100%       | 100%     | 100%    | 100%      | 99.6% (1) | 98.6% (5)  | 99.6% (1) | 99.7% (1) |  | 99.6% (1) | 99.6% (1) | 99.7% (1) | 100%      |
|                              | ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal   | 98.2% (5) | 82.3% (47) | 96% (12) | 99% (3) | 98.6% (5) | 99.2% (2) | 96.8% (11) | 98.8% (3) | 100% (0)  |  | 100% (0)  | 100% (0)  | 99.4% (2) | 99.3% (2) |
| 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. | 91.5%     | 98%        | 88.5%    | 98.2%   | 97.7%     | 90.2%     | 99.3%      | 100%      | 100%      |  | 94.6%     | 99.8%     | 92.4%     | 87.3%     |
| 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%     | 83% (1) | 100%      | 100%      | 100%       | 100%      | 100%      |  | 100%      | 100%      | 100%      | 100%      |

## ADULT SERVICES – PRISON HEALTHCARE SERVICES

### Adult Services Directorate – Prison Healthcare Services - Directorate KPIs 2014/15

| Indicator   | Q1 Update (June)   | Q2 Update (Sept) | Q3 Update (Dec) | Q4 Update (March 2015) |
|---|--------------------|------------------|-----------------|------------------------|
| 100% reduction in bank/agency staff by end October 2014<br>(Baseline 700 hrs per week across 3 sites)   | Data not available |                  |                 |                        |
| Implementation of full substantive workforce by October 2014  | Data not available |                  |                 |                        |
| Achieve 50% supervised swallow (of top 4 tradable drugs) by October 2014<br><br>Magilligan – 100%<br>Maghaberry – 100% (2 drugs)<br>Hydebank – 100% (2 drugs) | Data not available |                  |                 |                        |
| 15% reduction of DNA / CNA for internal Healthcare appointments by March 2015   | Data not available |                  |                 |                        |

### Adult Services Directorate – Prison Healthcare - Corporate Issues

| Service Area                    | Indicator  | AUG | SEPT | OCT | NOV | DEC | JAN 14 | FEB | MAR |  | APR | MAY | JUN  | JUL |
|---------------------------------|--|-----|------|-----|-----|-----|--------|-----|-----|--|-----|-----|------|-----|
| Complaints Handling             | How many complaints were received this month?                    | 21  | 8    | 11  | 12  | 1   | 8      | 2   | 11  |  | 7   | 5   | 1    | 5   |
|                                 | What % were responded to within the 20 day target? (target 65%)  | 33% | 0%   | 27% | 25% | 0%  | 38%    | 0%  | 0%  |  | 0%  | 20% | 0%   |     |
|                                 | How many were outside the 20 day target?                         | 14  | 8    | 8   | 9   | 1   | 5      | 2   | 11  |  | 7   | 4   | 1    |     |
| Freedom of Information Requests | How many FOI requests were received this month?                  | 0   | 0    | 2   | 0   | 0   | 0      | 0   | 0   |  | 0   | 0   | 1    |     |
|                                 | What % were responded to within the 20 day target? (target 100%) | n/a | n/a  | 0%  | n/a | n/a | n/a    | n/a | n/a |  | n/a | n/a | 100% |     |
|                                 | How many were outside the 20 day target?                         | n/a | n/a  | 0   | 0   | 0   | 0      | 0   | 0   |  | 0   | 0   | 0    |     |

## ADULT SERVICES – PRISON HEALTHCARE SERVICES

| TITLE                         | TARGET   | NARRATIVE  | PERFORMANCE    |                |      | TREND |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
|-------------------------------|--|--|----------------|----------------|------|-------|-----|------------|------------|-----|-----|-----|----------|---|---|---|----------|------------|----|----|----|----------|---|---|---|------|-------|-------|--|
|                               |  |  | MAY            | JUN            | JUL  |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
| <b>Committal</b>              | 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<br>n = total committals<br>(n) = breaches<br><br>Note: Magilligan Prison is not a committal prison so only receives transfers and is not covered by this target.   | 99.6%          | 99.7%          | 100% |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
|                               |  | 276<br><br>(1)   | 328<br><br>(1) | 282<br><br>(0) |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
|                               | All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.  | % = performance<br>n = total committals<br>(n) = no of Prisoners released within 72 hrs and not requiring Assessment<br>{n} = breaches<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th>May</th> <th>Jun</th> <th>Jul</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;">228</td> <td style="text-align: center;">276</td> <td style="text-align: center;">225</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;">48</td> <td style="text-align: center;">52</td> <td style="text-align: center;">57</td> </tr> <tr> <td style="text-align: center;">Breaches</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> |                |                | May  | Jun   | Jul | Maghaberry | Committals | 228 | 276 | 225 | Breaches | 0 | 0 | 0 | Hydebank | Committals | 48 | 52 | 57 | Breaches | 0 | 2 | 2 | 100% | 99.4% | 99.3% |  |
|                               |  | May  | Jun            | Jul            |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
| Maghaberry                    | Committals   | 228  | 276            | 225            |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
|                               | Breaches   | 0  | 0              | 0              |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
| Hydebank                      | Committals   | 48   | 52             | 57             |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
|                               | Breaches   | 0  | 2              | 2              |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
|                               |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">276</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 style="text-align: center;">{0}</td> <td style="text-align: center;">{2}</td> <td style="text-align: center;">{2}</td> <td></td> </tr> </tbody> </table>  | 276            | (0)            | (0)  | (0)   | {0} | {2}        | {2}        |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
| 276                           | (0)  | (0)  | (0)            |                |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
| {0}                           | {2}  | {2}  |                |                |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
| <b>Inter-Prison Transfers</b> | On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.  | % = performance<br>n = total transfers<br>(n) = breaches   | 100%           | 100%           | 100% |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
|                               |  | 73<br><br>(0)  | 77<br><br>(0)  | 83<br><br>(0)  |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
| <b>Emergency Care</b>         | In an emergency, prisoners will be seen by Prison Healthcare staff within an hour.<br><i>Emergencies are defined as "Code Blue" or "Code Red" calls for assistance.</i>  | % = performance<br>n = total emergencies<br>(n) = breaches   | 100%           | 100%           | 100% |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |
|                               |  | 30<br><br>(0)  | 51<br><br>(0)  | 47<br><br>(0)  |      |       |     |            |            |     |     |     |          |   |   |   |          |            |    |    |    |          |   |   |   |      |       |       |  |



## ADULT SERVICES – PRISON HEALTHCARE SERVICES

| TITLE                                   | TARGET  | NARRATIVE   | PERFORMANCE         |                      |                       | TREND  |
|---|---|---|---------------------|----------------------|-----------------------|--|
|   |   |   | MAY                 | JUN                  | JUL                   |  |
| <b>Routine Medical<br/>Appointments</b> | 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<br>n = total appointment requests<br>(n) = breaches   | 99.8%<br>892<br>(2) | 92.4%<br>910<br>(69) | 87.3%<br>811<br>(103) | <b>July Breaches:-</b><br>Maghaberry – 87<br>Hydebank - 16 |
| <b>Addictions<br/>Services</b>          | 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<br><br>(n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team.<br><br>[n] = number of prisoners waiting >9wks for appointment | 100%<br>(13)<br>[0] | 100%<br>(5)<br>[0]   | 100%<br>(3)<br>[0]    |  |

**CHILDREN'S SERVICES**

# CHILDREN'S SERVICES

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

| Service Area                              | Target  | JUL       | AUG        | SEPT       | OCT        | NOV        | DEC        | JAN 14     | FEB         | MAR        |  | APR        | MAY       | JUN        | JUL        |
|---|---|-----------|------------|------------|------------|------------|------------|------------|-------------|------------|--|------------|-----------|------------|------------|
| Children in Care                          | All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care) | 100% (2)  | 100% (1)   | 100% (3)   | 100% (4)   | 100% (1)   | 100% (3)   | 100% (1)   | 100% (3)    | 100% (3)   |  | 100% (2)   | 100% (3)  | 100% (1)   | 100% (6)   |
|   | All to have Permanence Plan within 6 months (n = number of children requiring a permanence plan)                                | 100% (10) | 94.4% (18) | 67% (9)    | 86.7% (15) | 66.6% (6)  | 90% (10)   | 100% (14)  | 100% (11)   | 85.7% (14) |  | 91.3% (10) | 100% (9)  | 100% (16)  | 100% (12)  |
| Assessment of Children at Risk or in Need | All Child protection referrals allocated <24hrs from receipt of referral  | 98%       | 100%       | 100%       | 98.9%      | 100%       | 98.8%      | 98.2%      | 97.9%       | 100%       |  | 100%       | 100%      | 98.3%      | 100%       |
|   | All Child protection initial assessment <10 days from receipt   | 89%       | 70.3%      | 67.8%      | 67.6%      | 63.4%      | 63.9%      | 57.8%      | 36.3%       | 52.9%      |  | 71.2%      | 73.9%     | 62.2%      | 49.5%      |
|   | All Child protection case conference <15 days from receipt (n) = breaches   | 84.6% (4) | 95.7% (1)  | 96.6% (1)  | 88% (3)    | 90% (2)    | 100%       | 85.7% (3)  | 93.3% (1)   | 90% (2)    |  | 80% (3)    | 83.3% (4) | 100% (0)   | 90.6% (3)  |
|   | All LAC assessment <10 days of child becoming Looked After. (n) = breaches  | 100% (0)  | 65.2% (8)  | 90.5% (2)  | 95.7% (1)  | 94.1% (1)  | 100% (0)   | 82.4% (3)  | 90% (1)     | 76.9% (3)  |  | 100% (0)   | 95.8% (1) | 78.6% (3)  | 80.8% (5)  |
|   | All Family Support referrals for assessment to be allocated <20 days from receipt   | 94.8%     | 95.8%      | 95.2%      | 96.9%      | 93.1% (10) | 94.1% (9)  | 85.4% (26) | 80.4% (38)  | 94.3% (11) |  | 86.6% (27) | 95% (10)  | 94.3% (11) | 85.1% (27) |
|   | All Family support initial assessment completed <10 days of allocation  | 32.6%     | 30.7%      | 27.2%      | 32.3%      | 20%        | 21.7%      | 15.8%      | 25%         | 28.8%      |  | 32.5%      | 20.3%     | 26.7%      | 28.8%      |
|   | After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 20 days                 | 80.6%     | 74%        | 88.4%      | 53.8%      | 84%        | 84.8%      | 70.8%      | 61.4%       | 64.1%      |  | 63.5%      | 57.4%     | 51%        | 53.2%      |
| Autism                                    | No child to wait more than 13 weeks for assessment following referral. (n = breaches)   | 100%      | 100%       | 78.5% (29) | 78.7% (32) | 87% (20)   | 77.2% (44) | 61.8% (78) | 54.8% (109) | 67% (54)   |  | 87.7% (10) | 94.3% (6) | 80.5% (25) | 63.6% (60) |
|   | No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.                          | 100%      | 100%       | 100%       | 100%       | 100%       | 91.2%      | 100%       | 100%        | 92.1% (3)  |  | 93.8% (3)  | 85.5% (9) | 100% (0)   | 100% (0)   |
| Unallocated cases                         | Number of unallocated cases <b>over 20 days</b> in Children's Services  | 8         | 14         | 20         | 27         | 67         | 93         | 83         | 57          | 71         |  | 79         | 82        | 100        | 125        |

## CHILDREN'S SERVICES

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

| Service Area | Indicator  | JUL   | AUG   | SEPT  | OCT   | NOV   | DEC   | JAN   | FEB               | MAR   |                               | APR   | MAY   | JUN               | JUL |
|--------------|--|-------|-------|-------|-------|-------|-------|-------|-------------------|-------|-------------------------------|-------|-------|-------------------|-----|
| Fostering    | Number of Mainstream Foster Carers   | 358   | 352   | 354   | 339   | 312   | 347   | 341   | 337               | 336   |                               | 340   | 338   | 339               |     |
|              | Number of children with Independent Foster Carers  | 20    | 20    | 17    | 15    | 15    | 14    | 13    | 13                | 13    |                               | 13    | 13    | 13                | 12  |
| Child Health | 95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)   | 90.9% | 93.9% | 94.4% | 93.8% | 94.3% | 93%   | 95.7% | 6 mths in arrears |       |                               |       |       |                   |     |
|              | Achieve 95% pre-school Immunisations Uptake Rate. (ie 1 <sup>st</sup> , 2 <sup>nd</sup> and 5 <sup>th</sup> Birthdays) (Quarterly Reporting)   | 97.5% |       |       | 97.8% |       |       | 95%   |                   |       | Reported quarterly 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) | 43.3% | 45.4% | 41%   | 40.7% | 46.2% | 45.7% | 45%   | 47.5%             | 46.2% |                               | 48.9% | 44.2% | 2 mths in arrears |     |
| Safeguarding | Total Unallocated Cases at month end   | 32    | 50    | 44    | 75    | 136   | 144   | 142   | 103               | 135   |                               | 146   | 165   | 199               | 167 |
|              | Family Centre Waiting List at month end  | 19    | 15    | 22    | 17    | 22    | 25    | 20    | 19                | 25    |                               | 26    | 23    | 23                | 24  |
| Care Leavers | At least 75% aged 19 in education, training or employment (was 70%)  | 80%   | 77%   | 81%   | 75%   | 72%   | 79%   | 74%   | 82%               | 86%   |                               | 84%   | 71%   | 75%               | 78% |

### Children's Services - Corporate Issues

| Service Area                    | Indicator  | JUL  | AUG | SEPT | OCT | NOV | DEC | JAN 14 | FEB | MAR |  | APR | MAY | JUN | JUL |
|---------------------------------|--|------|-----|------|-----|-----|-----|--------|-----|-----|--|-----|-----|-----|-----|
| Complaints                      | How many complaints were received this month?                    | 7    | 5   | 9    | 9   | 3   | 9   | 7      | 7   | 7   |  | 5   | 5   | 6   | 8   |
|                                 | What % were responded to within the 20 day target? (target 65%)  | 57%  | 20% | 33%  | 33% | 33% | 44% | 29%    | 14% | 57% |  | 40% | 60% | 83% |     |
|                                 | How many were outside the 20 day target?                         | 3    | 4   | 6    | 6   | 2   | 5   | 5      | 6   | 3   |  | 3   | 2   | 1   |     |
| Freedom of Information Requests | How many FOI requests were received this month?                  | 1    | 0   | 4    | 2   | 3   | 3   | 4      | 2   | 4   |  | 4   | 5   | 3   |     |
|                                 | What % were responded to within the 20 day target? (target 100%) | 100% | n/a | 0%   | 50% | 33% | 33% | 25%    | 50% | 25% |  | 25% | 40% | 67% |     |
|                                 | How many were outside the 20 day target?                         | 0    | 0   | 4    | 1   | 2   | 2   | 3      | 1   | 3   |  | 3   | 3   | 1   |     |

## CHILDREN'S SERVICES

| TITLE            | TARGET   | NARRATIVE  | PERFORMANCE                       |                                   |                                   | TREND |
|------------------|--|--|-----------------------------------|-----------------------------------|-----------------------------------|-------|
|                  |  |  | MAY                               | JUNE                              | JUL                               |       |
| 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>Six children were admitted to care during July 2014.</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>(1)</p>            | <p>100%</p> <p>(6)</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 17 children taken into care during January 2014. Three children were discharged from care and two were respite/ shared care.</p> <p>Of the remaining 12 children, all had a permanence plan in place at the end of July 2014.</p> <p>% = % compliance</p> <p>(n)= number of children without permanence plan within 6 months.</p> <p>[n] =cumulative number of children without permanence plan.</p> | <p>100%</p> <p>(0)</p> <p>[0]</p> | <p>100%</p> <p>(0)</p> <p>[0]</p> | <p>100%</p> <p>(0)</p> <p>[0]</p> |       |

## CHILDREN'S SERVICES

| TITLE                                     | TARGET   | NARRATIVE  | PERFORMANCE            |                         |                         | TREND |
|---|--|--|------------------------|-------------------------|-------------------------|-------|
|   |  |  | MAY                    | JUNE                    | JUL                     |       |
| Assessment Of Children At Risk Or In Need | All child protection referrals to be allocated within 24 hours of receipt of referral.   | % = compliance<br>(n) = total referrals<br>[n] = number allocated within 24 hrs  | 100%<br>(127)<br>[127] | 98.3%<br>(115)<br>[113] | 100%<br>(86)<br>[86]    |       |
|   | 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<br>(n) = number initial assessments completed in month.<br>[n] = number completed within 10 working days of original referral being received. | 73.9%<br>(92)<br>[68]  | 62.2%<br>(98)<br>[92]   | 49.5%<br>(93)<br>[46]   |       |
|   | 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<br>(n) = number of initial case conferences held<br>[n] = number within 15 days   | 83.3%<br>(24)<br>[20]  | 100%<br>(27)<br>[27]    | 90.6%<br>(32)<br>[29]   |       |
|   | All Looked After Children Initial assessments to be completed within 10 working days from the date of the child becoming looked after.   | % = % compliance<br>(n) = number of initial assessments completed.<br>[n] = number completed within 10 working days.   | 95.8%<br>(24)<br>[23]  | 78.6%<br>(14)<br>[11]   | 80.8%<br>(26)<br>[21]   |       |
|   | All family support referrals to be allocated to a social worker within 20 working days for initial assessment.   | % = % compliance<br>(n) = number of referrals allocated<br>[n] = number within 20 days   | 95%<br>(199)<br>[189]  | 94.3%<br>(192)<br>[181] | 85.1%<br>(181)<br>[154] |       |
|   |  |  |                        |                         |                         |       |

## CHILDREN'S SERVICES

| TITLE                                     | TARGET   | NARRATIVE  | PERFORMANCE                     |                                  |                                  | TREND |             |   |          |   |       |    |                  |                 |                 |
|---|--|--|---------------------------------|----------------------------------|----------------------------------|-------|-------------|---|----------|---|-------|----|------------------|-----------------|-----------------|
|   |  |  | MAY                             | JUNE                             | JUL                              |       |             |   |          |   |       |    |                  |                 |                 |
| 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<br>(n) = number of assessments completed<br>[n] = number completed within 10 working days   | 20.3%<br><br>(133)<br><br>[27]  | 26.7%<br><br>(165)<br><br>[44]   | 28.8%<br><br>(163)<br><br>[47]   |       |             |   |          |   |       |    |                  |                 |                 |
|   | 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<br>(n) = number allocated<br>[n] = number allocated within 20 working days.   | 57.4%<br><br>(54)<br><br>[31]   | 51%<br><br>(51)<br><br>[26]      | 53.2%<br><br>(62)<br><br>[33]    |       |             |   |          |   |       |    |                  |                 |                 |
| Autism                                    | No child to wait more than 13 weeks for assessment following referral.   | At 31 <sup>st</sup> July 2014, 165 children were on the waiting list specifically for diagnostic assessment for ASD.<br>60 children waiting > 13 wks<br>% = compliance<br>(n) = breaches   | 94.3%<br><br><13 wks<br><br>(6) | 80.5%<br><br><13 wks<br><br>(25) | 63.6%<br><br><13 wks<br><br>(60) |       |             |   |          |   |       |    |                  |                 |                 |
|   | No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.   | 31 <sup>st</sup> July 2014 – total waiters:-<br><table border="1" style="margin-left: 20px;"> <tr><td>0 – 4 wks</td><td>12</td></tr> <tr><td>&gt;4 – 8 wks</td><td>20</td></tr> <tr><td>&gt;8 – 13 wks</td><td>6</td></tr> <tr><td>&gt; 13 wks</td><td>0</td></tr> <tr><td>Total</td><td>38</td></tr> </table> Longest wait = 64 days<br>% = compliance (n) = breaches | 0 – 4 wks                       | 12                               | >4 – 8 wks                       | 20    | >8 – 13 wks | 6 | > 13 wks | 0 | Total | 38 | 85.5%<br><br>(9) | 100%<br><br>(0) | 100%<br><br>(0) |
| 0 – 4 wks                                 | 12   |  |                                 |                                  |                                  |       |             |   |          |   |       |    |                  |                 |                 |
| >4 – 8 wks                                | 20   |  |                                 |                                  |                                  |       |             |   |          |   |       |    |                  |                 |                 |
| >8 – 13 wks                               | 6  |  |                                 |                                  |                                  |       |             |   |          |   |       |    |                  |                 |                 |
| > 13 wks                                  | 0  |  |                                 |                                  |                                  |       |             |   |          |   |       |    |                  |                 |                 |
| Total                                     | 38   |  |                                 |                                  |                                  |       |             |   |          |   |       |    |                  |                 |                 |

## CHILDREN'S SERVICES

| TITLE             | TARGET   | NARRATIVE   |            |     |       | PERFORMANCE |      |     | TREND |          |             |         |       |   |    |    |
|-------------------|--|---|------------|-----|-------|-------------|------|-----|-------|----------|-------------|---------|-------|---|----|----|
|                   |  |   |            |     |       | MAY         | JUNE | JUL |       | Gate way | Disa bility | FIT     | Total |   |    |    |
| Unallocated Cases | Monitor the number of unallocated cases in Children's Services | n = unallocated over 20 days<br>(n) = total awaiting allocation at 30 <sup>th</sup> June 2014 |            |     |       | 82          | 100  | 125 |       |          |             |         |       |   |    |    |
|                   |  | Gateway   | Disability | FIT | TOTAL |             |      |     |       |          |             |         |       |   |    |    |
|                   |  | 30  | 0          | 95  | 125   |             |      |     | (165) | (199)    | (167)       | < 1 wk  | 3     | 0 | 8  | 11 |
|                   |  |   |            |     |       |             |      |     |       |          |             | 1-4 wks | 12    | 2 | 17 | 31 |
|                   |  |   |            |     |       |             |      |     |       |          |             | 4-8 wks | 22    | 0 | 25 | 47 |
|                   |  |   |            |     |       |             |      |     |       |          |             | > 8 wks | 8     | 0 | 70 | 78 |



# 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.<br>60% Quit rate at 4 weeks   |          |    |    |    | Reporting in arrears, figures available for next quarterly report. |
| Volunteering          | To ensure the baseline figure of active volunteer placements does not fall below 500. | Baseline = 558<br>Target = >500   | 551      |    |    |    |  |
|                       | To increase the number of young volunteers (16-24 year olds) by 5%                    | Baseline = 68<br>Target = 72  | 68       |    |    |    |  |
| Smoking and Pregnancy | To deliver a stop smoking service to pregnant women                                   | Target = 88 individuals enrolled in the service.<br>60% quit rate at 4 weeks. |          |    |    |    | Reporting in arrears, figures available for next quarterly report. |

# **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 December 14 / January 15.   | 0%        |     |     |      | On track in planning stage  |    |          |  |  |  |  |
| 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) |     |     |      | Q1: 2013-14 = 68%<br>Q1: 2012-13 = 35%<br>Q1: 2011-12 = 94%   |    |          |  |  |  |  |
| 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>Apr</th> <th>May</th> <th>Jun</th> </tr> </thead> <tbody> <tr> <td>3.8%</td> <td>6%</td> <td>8%</td> </tr> </tbody> </table> <p>(Rolling total Jul 13 to Jun 14 is 38%)</p> | Apr       | May | Jun | 3.8% | 6%  | 8% | 8% (cum) |  |  |  | Q1: 2013-14 = 8%<br>Q1: 2012-13 = 2%<br>Q1: 2011-12 = 4% |
| Apr                 | May   | Jun   |           |     |     |      |   |    |          |  |  |  |  |
| 3.8%                | 6%  | 8%  |           |     |     |      |   |    |          |  |  |  |  |

## WORKFORCE & EFFICIENCY

| TITLE      | TARGET   | NARRATIVE  | PROGRESS                            |    |    |    | TREND  |
|------------|--|--|-------------------------------------|----|----|----|--|
|            |  |  | Q1                                  | Q2 | Q3 | Q4 |  |
| 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%                                |    |    |    | 1 <sup>st</sup> 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.<br><br>Launch of Guide on Ethnic Monitoring of Service Users in HSC (NI).   | Figs from HSCB 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%                                |    |    |    |  |
| 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).<br><br>Ongoing work to promote and encourage use of new systems. Figures reflects managers logged on and using system. Some functions of the system held back pending further development. | 83%                                 |    |    |    |  |

## 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                     |    |    |    |       |
| Bank        | By March 2015 reduce Agency usage within all Corporate Bank Users to 15% and increase Bank usage to 85%.  |  | Bank 80%<br>Agency 20%      |    |    |    |       |
|             | By March 2015 to increase the Users of the Corporate Bank Service by 25%.   | April 2014 starting point – 82 Units using Corporate Bank. | 7%<br>Increase in new users |    |    |    |       |

## 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. |  |          |    |    |    | Reporting in arrears, figures available for next quarterly report. |
|                      | To deliver four staff health checks as part the Leap Forward initiative                          |  |          |    |    |    | Reporting in arrears, figures available for next quarterly report. |
| Financial Break Even | South Eastern Trust must deliver financial breakeven by 31 <sup>st</sup> March 2015.             | The Trust is projecting a year end deficit of £18m and is therefore projecting that this target will not be delivered. |          |    |    |    |  |