Paper No: SET/76/15

Performance Management Framework

Corporate Scorecard

October 2015

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Introduction

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

- Commissioning Plan targets and indicators of performance drawn from the Health and Social Care Draft Commissioning Plan 2015/16
- Internally defined directorate Key Performance Indicators (KPIs) including Safety, Quality and Experience (SQE) indicators.

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

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

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

Glossary of Terms

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

SAFE AND EFFECTIVE CARE

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

Commissioning Priorities

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">ACTUAL PERFORMANCE</th><th colspan="3">PROGRESS</th><th rowspan="2">TREND ANALYSIS</th></tr>
<tr><th>JULY</th><th>AUG</th><th>SEPT</th></tr>
<tr><td rowspan="5">Patient Safety

VTE Compliance</td><td rowspan="5">Trusts will sustain 95% compliance with VTE risk assessment across all adult inpatient hospital wards throughout 2015/16 (includes DPU).</td><td>Medical</td><td>92%</td><td>83%</td><td>90%</td><td rowspan="5"></td></tr>
<tr><td>Surgical</td><td>89%</td><td>95%</td><td>90%</td></tr>
<tr><td>Day Procedure Unit</td><td>-</td><td>-</td><td>-</td></tr>
<tr><td>Women & Child Health</td><td>-</td><td>-</td><td>70%</td></tr>
<tr><td>SET (Trustwide)</td><td>91%</td><td>86%</td><td>87%</td></tr>
<tr><td>Falls Reduction</td><td>Trusts will continue to improve compliance with Part B of the ‘Fallsafe’ Bundle.

Trusts will spread the regionally agreed elements of Part A of the ‘Fallsafe’ bundle and demonstrate an increase each quarter in the % of adult inpatient ward/areas in which ‘Fallsafe’ bundle has been implemented.

Trusts will monitor and provide reports on bundle compliance, the number of incidents of falls, those which cause moderate or more severe harm and the rate per 1,000 bed days.</td><td><table><tr><th>Falls Reduction</th><th>Quarterly Rate</th></tr><tr><td>Q2 2013</td><td>6.5</td></tr><tr><td>Q3 2013</td><td>6.9</td></tr><tr><td>Q4 2013</td><td>6.4</td></tr><tr><td>Q1 2014</td><td>6.8</td></tr><tr><td>Q2 2014</td><td>8.0</td></tr><tr><td>Q3 2014</td><td>6.8</td></tr><tr><td>Q4 2014</td><td>7.2</td></tr><tr><td>Q1 2015</td><td>4.0</td></tr></table></td><td>Part A

76%

Part B

71%</td><td>Part A

77%

Part B

76%</td><td>Part A

77%

Part B

76%</td><td>Falls Rate reported on quarterly basis. Information retrieved from PHA, Quality Improvement.

For compliance with individual elements of Part A and Part B please see Appendix 1.

Total Spread = 100%</td></tr>
</table>

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

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">ACTUAL PERFORMANCE</th><th colspan="3">PROGRESS</th><th rowspan="2">TREND ANALYSIS</th></tr>
<tr><th>JULY</th><th>AUG</th><th>SEPT</th></tr>
<tr><td rowspan="5">Pressure Ulcer Reduction</td><td rowspan="5">From April 2015 establish a baseline for the Incidents of pressure ulcers (grade 3 & 4) occurring in all adult inpatient wards & the number of those which were unavoidable.

Trusts will monitor and provide reports on bundle compliance and the rate of pressure ulcers per 1,000 bed days.</td><td rowspan="5"><table><tr><th>Pressure Ulcer Reduction</th><th>Quarterly Rate</th></tr><tr><td>Q2 2013</td><td>0.35</td></tr><tr><td>Q3 2013</td><td>0.40</td></tr><tr><td>Q4 2013</td><td>0.42</td></tr><tr><td>Q1 2014</td><td>0.4</td></tr><tr><td>Q2 2014</td><td>0.4</td></tr><tr><td>Q3 2014</td><td>0.5</td></tr><tr><td>Q4 2014</td><td>0.3</td></tr><tr><td>Q1 2015</td><td>0.4</td></tr></table></td><td colspan="3">SKIN Bundle Compliance</td><td rowspan="5">Total Spread = 97%
Addition of Ards GP Ward – Q2

Pressure Ulcer Rate & Bundle Compliance.

This is reported on a quarterly basis.

Information retrieved from PHA, Quality Improvement Plan.

April 15 – Regional SKIN Bundle implemented in Adult inpatient areas / wards. (13 elements). If one element is non-compliant it fails the whole bundle, giving lower compliance. Overall compliance appears low however when each element is considered separately compliance is much higher.</td></tr>
<tr><td>Medical
85%</td><td>Medical
72%</td><td>Medical
77%</td></tr>
<tr><td>Surgical
66%</td><td>Surgical
55%</td><td>Surgical
71%</td></tr>
<tr><td>W&CH
100%</td><td>W&CH
No Data</td><td>W&CH
100%</td></tr>
<tr><td>GP Wards
90%</td><td>GP Wards
70%</td><td>GP Wards
100%</td></tr>
<tr><td>Sepsis</td><td>HSC Safety Forum will work with Trusts to implement and spread Quality Improvement in the Early Management of Sepsis (eg use of the Sepsis 6) in medical assessment units (or in pilot wards by agreement) by March 2016.</td><td>First Workshop took place on 15th October 2014.

First Working Group meeting to be arranged for November 2014.</td><td><u>Ward 12</u>

No data

<u>Maternity</u>

33%</td><td><u>Ward 12</u>

No data

<u>Maternity</u>

46%</td><td><u>Ward 12</u>

No Data

<u>Maternity</u>

56%</td><td><u>For compliance with individual elements of Sepsis 6 Bundle see Appendix 2</u>

Ward 12 – Data collection to recommence October 2015.

Rollout to Neely Ward in July 2015.</td></tr>
</table>

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

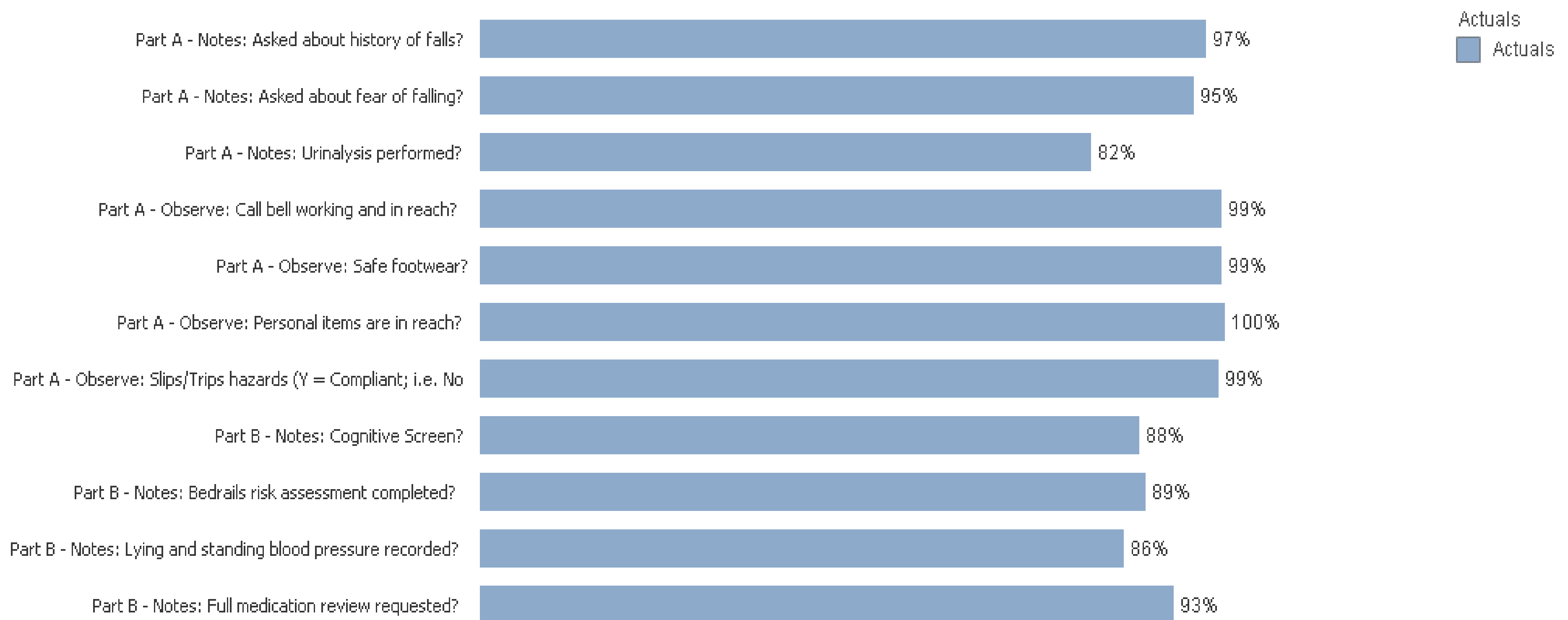
TITLE	TARGET	ACTUAL PERFORMANCE	PROGRESS			TREND ANALYSIS
			JULY	AUG	SEPT	
NEWS	95% compliance with accurately completed NEWS charts.	Medicine	**76%**	**88%**	**80%**	Additional commissioning priority for 2015/16. Reporting for W&CH is for one ward only.
		Surgical	**72%**	**78%**	**65%**	
		W&CH	**80%**	**83%**	**30%**	
		Community	**80%**	90%	90%	
		SET (Trustwide)	**76%**	**85%**	**73%**	
Food & Nutrition (MUST)	100% Compliance of the completed MUST tool within 24 hours admission to hospital in all Adult Inpatient Wards by March 2016.	Medicine	**94%**	**94%**	**92%**	Additional commissioning priority for 2015/16.
		Surgery	95%	100%	**90%**	
		W&CH	100%	95%	100%	
		Community	100%	100%	100%	
		SET (Trustwide)	95%	97%	**91%**	

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

Falls KPI

	Overall Compliance Rate	Part A Compliance Rate	Part B Compliance Rate	Nursing KPI Compliance
Actuals	Yes = 138, No = 98	Yes = 181, No = 55	Yes = 179, No = 57	Yes = 147, No = 89
%	58%	77%	76%	62%

Compliance by Question

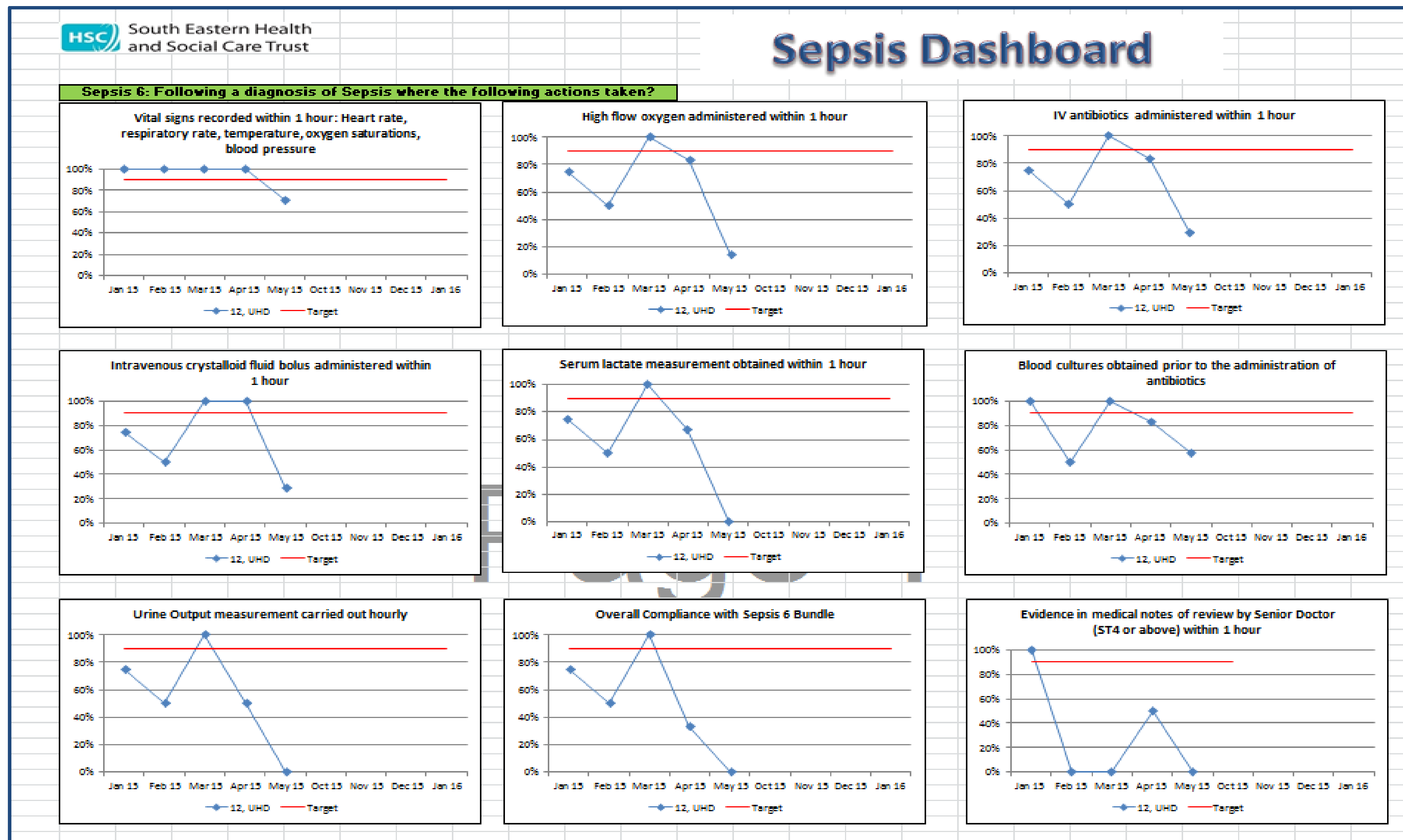


Compliance by Question | Compliance by Ward | Ward Trend | Suveys Performed | Monthly Ward KPI Ov... | Compliance Trend by ... | Compliance by Survey...

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

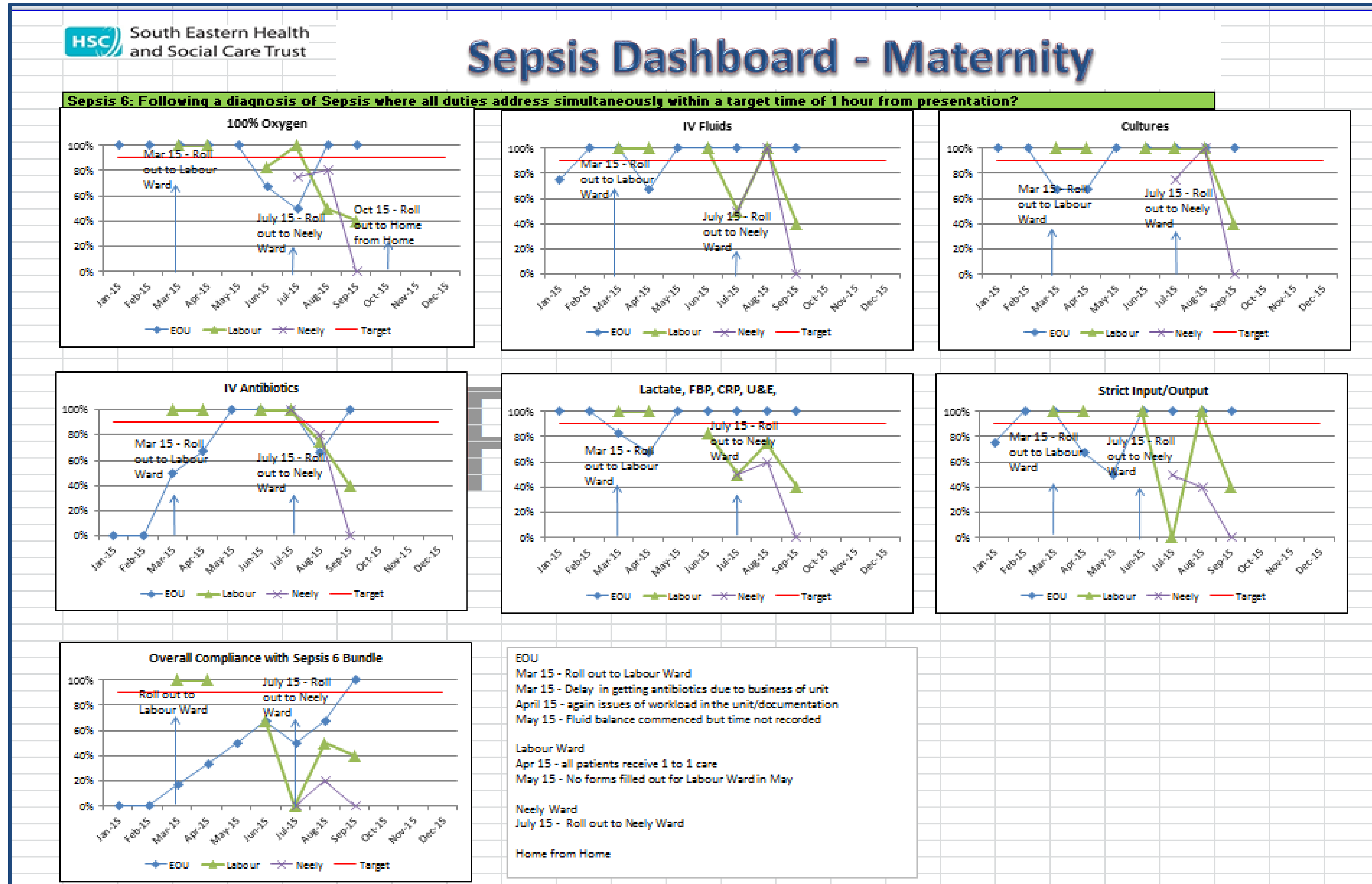
Sept 2015 – Compliance with Sepsis 6 Bundle (Appendix 2)

Ward 12 – No Data – Date collection to resume in October 2015



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

Maternity



SAFE & EFFECTIVE CARE

TITLE	TARGET	NARRATIVE	PROGRESS					TREND
			Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	
Environmental Cleanliness	To at least meet the regional cleanliness target score of 90%	A new Policy for the Provision & Management of Cleaning services published in January 2015 has set a cleanliness index target of 90%, this is consistently met by all 3 acute hospitals. The SET figure includes other Trust facilities. Overall the Trust consistently exceeds its own internal target for all facilities, although individual facilities may not meet this target.	SET 90%	SET 90%	SET 90%	SET 91%	SET 95%	
			UH 90%	UH 86%	UH 88%	UH 88%	UH 94%	
			LVH 90%	LVH 94%	LVH 90%	LVH 91%	LVH 98%	
			DH 94%	DH 94%	DH 93%	DH 94%	DH 95%	

SAFE & EFFECTIVE CARE

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>AUG</th><th>SEPT</th><th>OCT</th></tr>
<tr><td rowspan="2">HCAI</td><td rowspan="2">By March 2016, secure a reduction of 20% in MRSA and Clostridium difficile infections compared to 2014/15</td><td rowspan="2"><table><tr><th></th><th>2014/15 Total</th><th>2015/16 Target</th></tr><tr><td>C Diff</td><td>Target <50
Actual 67</td><td>Target <55</td></tr><tr><td>MRSA</td><td>Target <11
Actual 7</td><td>Target <u><</u>7</td></tr></table>
October figures subject to validation</td><td>C Diff
7
(cum 39)</td><td>C Diff
5
(cum 44)</td><td>C Diff
3
(cum 47</td><td>C Diff (Cum)
Target</td></tr>
<tr><td>MRSA
0
(cum 2)</td><td>MRSA
2
(cum 4)</td><td>MRSA
1
(cum 5)</td><td>MRSA (Cum)
Target</td></tr>
</table>

HOSPITAL SERVICES

HOSPITAL SERVICES

Hospital Services Commissioning Plan Targets Dashboard

Service Area	Target		OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Outpatient waits	Min 60% <9 wks for first appt (was 80% in 14/15)		**55%**	**49.9%**	**44.9%**	**39.9%**	**40.7%**	**42.4%**	**38.7%**	**35.8%**	**36%**	**32.9%**	**29.6%**	**29.2%**	**28%**
	All <18 wks (was 15 wks)		**74.8%**	**70.5%**	**66.2%**	**60.3%**	**57.4%**	**56.4%**	**60.4%**	**59.6%**	**57.5%**	**53.7%**	**51.3%**	**49%**	**46.1%**
Diagnostic waits	Imaging (<9 weeks)		97%	95.7%	96.3%	96.5%	95.5%	96.1%	**94.6%**	95.5%	96%	95.5%	**93.9%**	**94.7%**	**94.7%**
	Physiological Measurement (<9 wks)		**71.1%**	**64.5%**	**65.5%**	**60.9%**	**60.7%**	**63.2%**	**61.2%**	**61.7%**	**61.2%**	**57.2%**	**54.7%**	**52.2%**	**52.7%**
	Diag Endoscopies	< 9 wks	**76.6%**	**75%**	**71.7%**	**61.4%**	**58%**	**54.4%**	**49.8%**	**47.9%**	**45%**	**42%**	**38%**	**37%**	**39%**
		< 13 wks	**71.6%**	**68.1%**	**71.3%**	**70.3%**	**68.4%**	**68%**	**71%**	**68.4%**	**71.5%**	**65.8%**	**68.7%**	**67%**	**68%**
Inpatient & Daycase Waits	Min 65% <13 wks (was 80%)		**72.7%**	**71.1%**	**67.6%**	**64.6%**	**60.4%**	**56.9%**	**55.5%**	**54.3%**	**53.7%**	**50.7%**	**47.9%**	**45.5%**	**46%**
	All <26 wks		**93.2%**	**91.6%**	**89.3%**	**87.1%**	**84.7%**	**80%**	**78.9%**	**77%**	**75.4%**	**72.5%**	**68.9%**	**67.4%**	**66%**
Diagnostic Reporting	Urgent tests reported <2 days		96.6%	95.7%	96.5%	97%	**94%**	95.9%	97.3%	97.2%	97.2%	95.7%	97.2%	96.1%	96.6%
Emergency Departments 95% ≤ 4 hrs	SET	4hr performance	**81.1%**	**82.8%**	**78.4%**	**76.8%**	**76.2%**	**79.6%**	**78.6%**	**81.6%**	**81.3%**	**84.2%**	**78.9%**	**81.8%**	**81.4%**
		12hr breaches	22	3	45	237	229	100	149	100	136	23	124	28	**106**
	UHD	4hr performance	**71.9%**	**75.3%**	**69.1%**	**67.4%**	**66.6%**	**71%**	**68.2%**	**73%**	**72.2%**	**77.4%**	**69.3%**	**74.1%**	**73.7%**
		12hr breaches	22	3	45	237	210	97	147	100	133	21	123	28	**106**
	LVH	4hr performance	92.1%	91.5%	91.4%	**84.9%**	**85.1%**	**88.2%**	**88.9%**	91.8%	**88.4%**	**89.4%**	**87.5%**	**85.3%**	**87.2%**
		12hr breaches	0	0	0	0	3	1	0	0	0	0	0	0	**0**
	DH	4hr performance	90.2%	93.6%	91.6%	90.3%	**86.5%**	**89%**	92.3%	91.9%	92.8%	93%	94%	93.6%	91.9%
		12hr breaches	0	0	0	0	16	2	2	0	3	2	1	0	**0**
Non Complex discharges	ALL <6hrs		**93.1%**	**92.2%**	**93.3%**	**93.1%**	**92.2%**	**92.5%**	**91.4%**	**91.4%**	**90.6%**	**90.8%**	**90.7%**	**89.7%**	**90.8%**
Hip Fractures	>95% treated within 48hrs		96%	93%	93%	**78%**	**89%**	**84%**	**71%**	**85%**	**81%**	**68%**	**86%**	**83%**	**57%**
Stroke Services	13% patients with confirmed Ischaemic stroke to receive thrombolysis (was 12%)		19%	**4.8%**	**6.8%**	11.9%	13%	**8.3%**	**0%**	**11.4%**	**6.5%**	**8.5%**	**8.3%**	**8.1%**	**0%**
Cancer Services	At least 95% urgent referrals with suspected cancer receive first definitive treatment within 62 days		**59.5%**	**56%**	**56%**	**54%**	**57%**	**61%**	**61%**	**60%**	**62%**	**62%**	**57%**	**62%**	**46%**
	All urgent referrals for breast cancer seen within 14 days (n= breaches)		100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	97.8% (4)	**94.7% (8)**	**81.6% (30)**	**86.9% (30)**	**90.1% (14)**	**52.9% (66)**	**44.6% (98)**	**12.4% (191)**
	At least 98% receiving first definitive treatment within 31 days of a cancer diagnosis.		98%	94% (6)	95% (6)	94% (6)	98% (3)	99% (1)	95% (5)	**93% (7)**	96% (5)	96% (5)	97% (3)	**93% (8)**	95% (6)
Specialist Drug Therapy; no pt. waiting >3mths	Severe Arthritis (n) - Breach		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
	Psoriasis (n) - Breaches		100%	100%	100%	100%	100%	100%	100%	100%	100%	**75% (2)**	**66.6% (3)**	**42.9% (4)**	**83.4% (1)**

HOSPITAL SERVICES

Hospital Services HSC Indicators of Performance

Service Area	Indicator	OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Diagnostic Reporting	% routine tests reported <14 days (Target formerly 75%)	98.2%	98.7%	99.9%	98.3%	97.4%	97.7%	99.4%	98.2%	99.5%	98.4%	98.5%	95.2%	97.1%
	% routine tests reported <28 days (Target formerly 100%)	100%	99.9%	99.9%	100%	99.7%	99.9%	99.9%	99.9%	99.9%	99.9%	99.1%	99.5%	99.9%
% Operations cancelled for non-clinical reasons (Target formerly <2%)	SET	1.2%	1.4%	0.9%	2.1%	1.9%	**3.1%**	1.4%	1.1%	1.1%	1.7%	0.6%	0.6%	0.7%
	UHD	1.1%	**2.4%**	1.4%	**3%**	1.8%	**2.3%**	**2.2%**	1.8%	1.7%	1.9%	0.9%	1.2%	1.4%
	AR	0.4%	0.6%	1.1%	1.6%	0.5%	**10.4%**	1.6%	0%	0.2%	**3.9%**	0.3%	0.2%	0%
	LVH	0.6%	0.9%	0.3%	1%	1.2%	0.5%	0.7%	0.9%	1.1%	0.6%	0%	0.1%	0.3%
	DH	**3.3%**	0.3%	0.3%	1.7%	**5.3%**	1%	0.3%	0.5%	0%	0.3%	0.9%	0.4%	0%
Pre-operative Length of Stay	% pts. Admitted electively who have surgery on same day as admission (Target formerly 75%)	**Cum 33%**	**Cum 33%**	**Cum 33%**	**Cum 33%**	**Cum 32%**	**Cum 32%**	**Cum 31%**	**Cum 18%**	**Cum 19%**	**Cum 23%**		Reported 3 mths in arrears	
Day Case Rate	Day Surgery rate for each of a basket of 24 procedures (Target formerly 75%)	Cum 76.3%	Cum 76.7%	Cum 77.6%	Cum 77.7%	Cum 78%	Cum 78.2%	Cum 94.9%	Cum 95.9%	Cum 92.5%	Cum 88.6%		Reported 3 mths in arrears	
Emergency Departments	Total new & unplanned attendances at Type 1 & 2 EDs (from EC1)	10708	10070	10442	9997	9529	10814	10912	10996	11106	10844	11097	11116	11282
	Ulster Hospital	7283	7002	7418	6969	6487	7392	7456	7588	7542	7285	7638	7533	7725
	Lagan Valley Hospital	1869	1671	1639	1631	1690	1909	1845	1827	1916	1882	1801	1945	1912
	Downe Hospital (inc w/end minor injuries)	1556	1397	1385	1397	1352	1513	1611	1581	1648	1677	1658	1638	1645
Elective Care	% DNA rate at review outpatients appointments (Core/WLI)	10.5%	10.6%	11%	11.6%	9.7%	10%	10%	9.6%	9.4%	9.9%	9.2%	9.1%	9.3%
	% New O/P appointments cancelled by hospital (Core/WLI) Target <5%	**8.9%**	**6.1%**	**6%**	**5.4%**	4.8%	**5.9%**	**6.2%**	5.2%	4.3%	**5.4%**	4.5%	**5.5%**	5.1%
	Number GP referrals to consultant-led O/P (exc refs disc with no atts eg DNA, SET site transfers etc)	5891	5172	4637	5272	5482	6164	5924	5686	6646	6031	5615	6140	6529
Other Operative Fractures	>95% within 48hrs	93%	**87%**	**77%**	**64%**	**85%**	**70%**	**73%**	**80%**	**66%**	**69%**	**86%**	**82%**	**66%**
	100% within 7 days	96.3%	98.5%	97.6%	97.4%	100%	98.8%	100%	98.6%	**93.2%**	**92.9%**	98.8%	97%	**90.8%**
Stroke	No of patients admitted with stroke	37	42	44	42	46	36	26	35	31	35	36	37	39
ICATS	No patient should wait longer than 9 weeks for first appointment. (n) = breaches — Dermatology		**85% (33)**			**93.6% (26)**			**94.3% (13)**			96.2% (8)		**81.6% (43)**
	Ophthalmology		**72% (78)**			**84.7% (38)**			**80.4% (41)**			**83.2% (57)**		**81.4% (47)**

HOSPITAL SERVICES

Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Length of stay General Med on discharge (UHD only)	Ave LOS untrimmed	5.8	5.5	5.9	5.7	6.3	6.7	6.4	6.3	6.4	6.4	5.4	6	6.3
	Ave LOS trimmed	4.5	4.6	4.7	4.7	4.8	5	4.8	4.8	4.8	5.1	4.5	4.8	5
Length of Stay Care of Elderly on discharge (UHD only)	Ave LOS untrimmed	10.1	11.5	12.1	13.4	9.8	12	12.1	11.6	9.9	11.1	10.8	10.7	9.9
	Ave LOS trimmed	7.4	7.8	7	7.1	7.4	7.7	7.7	7.5	6.9	7	8.2	8.1	7.3
Emergency Department, Ulster Hospital	% Ambulance arrivals (new & unpl rev) triaged in ≤ 15 mins. (Target 85%)	82.5%	86.2%	82%	78.4%	77.7%	79.6%	84%	79.8%	85.6%	88.8%	80.2%	87.1%	88%
	% NEW attendances who left without being seen (Target < 5%)	3.1%	2.7%	3.2%	2.9%	2.6%	2.4%	3.8%	3.5%	3.8%	2.2%	2.9%	2.2%	2.7%
	Unplanned reviews as % of total New & Unplanned attendances (Target < 5%)	2.8%	2.7%	2.5%	2.4%	2.5%	2.7%	2.3%	2.8%	2.8%	2.9%	3.1%	2.9%	2.5%
	% seen by treating clinician ≤ 1 hour (based on those with exam date & time recorded)	49%	56.7%	51.3%	55.2%	50%	50.9%	43.3%	51.7%	48.5%	50%	46%	50.2%	48.7%

Hospital Services – Corporate Issues

Service Area	Indicator	SEPT 14	OCT	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	42	39	26	30	25	25	46	35	29	35	33	34	28
	What % were responded to within the 20 day target? (target 65%)	57%	59%	54%	43%	28%	44%	52%	51%	59%	66%	67%	35%	50%
	How many were outside the 20 day target?	18	15	12	17	18	14	22	17	12	12	11	22	14
Freedom of Information Requests	How many FOI requests were received this month?	10	8	14	6	12	4	5	4	1	6	4	2	4
	What % were responded to within the 20 day target? (target 100%)	70%	63%	86%	100%	58%	100%	60%	75%	0%	67%	100%	50%	50%
	How many were outside the 20 day target?	3	3	2	0	5	0	2	1	1	2	0	1	2

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE AUGUST	PERFORMANCE SEPT	PERFORMANCE OCT	TREND
Outpatient Waits	From April 2015, at least 60% of patients to wait no longer than nine weeks for their first outpatient appointment with no-one to wait longer than 18 weeks. **(Previously at least 80% waiting no longer than 9 wks with no one waiting longer than 15 wks)**	% = outpatients waiting less than 9 wks as a % of total waiters. [n] = total waiting (n) = waiting > 9 wks {n} = waiting >18 wks (from Apr 15)	**29.6%** **[45511]** **(32037)** **{22147}**	**29.2%** **[46972]** **(33235)** **{23963}**	**28%** **[47976]** **(34527)** **{25861}**	
Diagnostic waits	No patient should wait longer than 9 weeks for a diagnostic test.	**Imaging (9 wk target)** These figures relate to Imaging waits only. [n] = total waiting (n) = breaches Note: most breaches relate to Dexa scans at LVH. *N.B. Figures quoted are those validated locally and may differ slightly from the unvalidated regionally published figures extracted centrally by PMSID.*	**93.9%** **[4178]** **(253)**	**94.7%** **[4333]** **(228)**	**94.7%** **[4666]** **(248)**	
		Physiological Measurement (9wk) These figures relate to Physiological Measurement; ie all diagnostics with the exception of Imaging and Endoscopy.	**54.7%** **(1736)**	**52.2%** **(1731)**	**52.7%** **(1602)**	
	No patient should wait longer than 9 weeks for a day case endoscopy for sigmoidoscopy, ERCP, colonoscopy, gastroscopy. No patient should wait longer than 13 weeks for other endoscopies.	**Diagnostic Endoscopies Inpatient / Day Case (9 wk target)** (this is a subset of the Day-case target reported overleaf)	**38%** **[2953]** **(1830)**	**37%** **[2977]** **(1866)**	**39%** **[3095]** **(1904)**	
		Diagnostic Endoscopies Inpatient / Day Case (13 wk target) [n] = total waiting (n) = breaches	**68.7%** **[683}** **(214)**	**67%** **[648}** **(214)**	**68%** **[653]** **(211)**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE AUGUST	PERFORMANCE SEPT	PERFORMANCE OCT	TREND
Inpatient & Daycase Waits	From April 2015, at least 65% of inpatients and day cases to wait no longer than 13 weeks to be treated and no patient to wait longer than 26 weeks for treatment.	Inpatients / Daycase – 13 wk target % = % waiting < 13 weeks (n) = breaches	**47.9%** **(4207)**	**45.5%** **(4363)**	**46%** **(4441)**	100 90 80 70 60 50 40 30 20 10 0 Oct-14 Nov Dec Jan-15 Feb Mar Apr May June July Aug Sep Oct IP/DC 13wk All 26 wks Target Line 13wk Target Line 26wk
		All Specialties – 26 wk target % = % treated within 26 weeks (n) = breaches (26 wks)	**68.9%** **(2428)**	**67.4%** **(2614)**	**66%** **(2783)**	
Diagnostic Reporting	All urgent diagnostic tests to be reported within 2 days of the test being undertaken.	In October 2015, 1434 total urgent tests reported, 1385 were reported in < 2 days (n) = breaches > 2 days [n] = total urgent tests	97.2% (38) [1356]	96.1% (61) [1560]	96.6% (49) [1434]	100 90 80 70 60 50 40 30 20 10 0 Oct-14 Nov Dec Jan-15 Feb Mar Apr May June July Aug Sep Oct Urgent <2 days Target Line

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUGUST	SEPT	OCT	
Emergency Departments	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. No patient attending any Emergency Department should wait longer than 12 hours.	SET attendances include Ards & Bangor Minor Injury Units. SET & Downe Hospital attendances include attendances at Downe Minor Injuries Unit. n = total new and unplanned review attendances. [n] = seen within 4 hours % = % seen within 4 hours (n) = 12 hour breaches	**SET 12697 [10024] 78.9% (124)**	**SET 12879 [10535] 81.8% (28)**	**SET 12975 [10563] 81.4% (106)**	
			UH 7638 [5290] 69.3% (123)	**UH 7533 [5579] 74.1% (28)**	**UH 7725 [5691] 73.7% (106)**	
			LVH 1801 [1575] 87.5% (0)	**LVH 1945 [1660] 85.3% (0)**	**LVH 1912 [1668] 87.2% (0)**	
			DH 1658 [1559] 94% (1)	DH 1638 [1533] 93.6% (0)	DH 1645 [1511] 91.9% (0)	
Non Complex Discharges	All non-complex discharges to be discharged within 6 hours of being declared medically fit.	All qualifying patients in SET beds. Main reason for delay is patient awaiting transport from friends, family or ambulance service. n = Non complex discharges (n) = breaches	**90.7% 2514 (234)**	**89.7% 2497 (257)**	**90.8% 2522 (233)**	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUGUST	SEPT	OCT	
Hip Fractures	95% of patients should, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	% = % treated within 48 hours. n = number of fractures (n) = number < 48 hours [n] = number >48 hours	**86%** **29** **(25)** **[4]**	**83%** **24** **(20)** **[4]**	**57%** **21** **(12)** **[9]**	**Hip Fractures** Oct-14, Nov, Dec, Jan-15, Feb, Mar, Apr, May, June, July, Aug, Sep, Oct % Hip Fractures < 48 hrs; Target Line
Other Operative Fractures	95% of all other operative fracture treatments should, where clinically appropriate, wait no longer than 48 hours for inpatient fracture treatment. No patient to wait longer than 7 days for operative fracture treatment (inc. day cases)	% is performance against 48 hour target. n = number of fractures (n) = number < 48 hours [n] = number >48 hours {n} = number > 7days	**86%** **81** **(70)** **[11]** **{1}**	**82%** **67** **(55)** **[12]** **{2}**	**66%** **76** **(50)** **[26]** **{7}**	**Other Fractures** Oct-14, Nov, Dec, Jan-15, Feb, Mar, Apr, May, June, July, Aug, Sep, Oct Fractures % < 48hrs; Target Line
Stroke Services	From April 2015, ensure that at least 13% of patients with confirmed ischaemic stroke receive thrombolysis. (2014/15 Target = 12%)	% = % treated with thrombolysis n = number treated with thrombolysis (n) = number confirmed Ischaemic strokes	**8.3%** **3** **(36)**	**8.1%** **3** **(37)**	**0%** **0** **(39)**	All patients presenting within the appropriate timeframe were assessed for thrombolysis, those deemed suitable received treatment.

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUGUST	SEPT	OCT	
Card Before You Leave	Ensure that all adults and children who self-harm and present for assessment at ED are offered a follow-up appointment with appropriate mental health services within 24 hours.	There were 64 SET CBYL referrals received during October 2015. All were offered appointments within 24 hours. There were also 26 out of Trust patients who attended the Ulster Hospital ED – all were passed on to the relevant Trust's CBYL Service. % = percentage compliance (n) = number of people who presented with self-harm [n] = number of breaches	100% (41) [0]	100% (41) [0]	100% (64) [0]	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUGUST	SEPT	OCT	
Cancer Services	At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	% = % who began treatment within 62 days n = number of patients seen (n) = breaches Circumstances can create breaches which are shared with another Trust. In October 2015, 57.5 patients were seen. There were 31 breaches involving 43 patients, of whom 12 were shared. Revisions post patient pathway confirmation and pathology validation:- Aug was 55%, 62.5 (28) now 57%, 65.5 (28) Sept was 54%, 58.5 (27) now 62%, 61.5 (23.5)	**57%** **65.5** **(28)**	**62%** **61.5** **(23.5)**	**46%** **57.5** **(31)**	100, 90, 80, 70, 60, 50, 40, 30, 20, 10, 0 Oct-14, Nov, Dec, Jan-15, Feb, Mar, Apr, May, June, July, Aug, Sep, Oct 62 Day Target, Target Line
	All urgent breast cancer referrals should be seen within 14 days.	% = % referrals seen within 14 days n = number of referrals (n) = breaches	**52.9%** **140** **(66)**	**44.6%** **177** **(98)**	**12.4%** **218** **(191)**	
	At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.	% = % who began treatment within 31 days (n) = breaches Sept was 91% (10) now 93% (8)	97% (3)	93% (8)	95% (6)	

HOSPITAL SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUGUST	SEPT	OCT	
Specialist Drug Therapies	From April 2014, no patient should wait longer than 3 months to commence NICE-approved specialist therapies for rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis.	% = percentage waits <13 weeks (n) = total waiting [n] = breaches	100% (2) [0]	100% (3) [0]	100% (1) [0]	
	From April 2014, no patient should wait longer than 3 months to commence NICE approved specialist therapies for psoriasis.	% = percentage waits < 13 weeks (n) = total waiting [n] = breaches	**66.6%** **(9)** **[3]**	**42.9%** **(7)** **[4]**	**83.4%** **(6)** **[1]**	

PRIMARY CARE AND OLDER PEOPLE SERVICES

PRIMARY CARE AND OLDER PEOPLE SERVICES

Primary Care and Older People Directorate – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Allied Health Professions waits	All < 13 weeks	94.7%	94.7%	91.9%	90.2%	93.8%	95.2%	97.4%	96.7%	96.4%	96.6%	97%	96.5%	96.6%
Complex Discharges	Min. 90% <48hrs (SET TOR)	75.9%	75.3%	68.7%	69.1%	73.1%	63.9%	71.1%	74.1%	75%	75.3%	76.1%	74.5%	75.9%
	Min. 90% <48hrs (All in SET beds)	72.4%	74%	68.2%	65.4%	73.6%	66.3%	73.4%	74.9%	76.9%	77.5%	79%	73.9%	76.3%
	ALL <7days	92.2%	91.7%	85.7%	88.9%	89.5%	83.9%	90.9%	91.9%	90.9%	92.3%	93%	90%	92.1%
Unplanned admissions	Reduce by 5% for adults with specified long term conditions. Target for 15/16 = TBC	Q3 518 (cum 1464)			Q4 547 (cum 2011)			Q1 201 (cum 201)			Reported quarterly in arrears			
Direct Payments	By March 2016, secure a 10% increase in number of Direct Payment cases (Baseline = 463, Target = 509 and is shared with Adult Services)	451	452	461	455	461	463	474	484	497	506	521	522	523

Primary Care and Older People Directorate – HSC Indicators of Performance

Service Area	Indicator	OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Assess and Treat Older People	All assessments completed <5 wks	100%	100%	97.5% (1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Main components of care needs met <8 weeks	100%	97.4% (1)	100%	98.3% (1)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Psychiatry of Old Age	No patient should wait longer than 9 weeks for first appointment (n) = breaches	82.1% (63)	75.8% (85)	64% (136)	59% (160)	61.3% (155)	57.3% (186)	53% (215)	55% (202)	54.6% (208)	48.7% (268)	45.2% (296)	53.1% (242)	53% (238)
Wheelchairs	Ensure a maximum 13 week waiting time for all wheelchairs (including specialised wheelchairs) (n) = breaches	89.5% (6)	93.8% (6)	98% (1)	91.2% (5)	86% (6)	77.7% (8)	91.3% (4)	95.5% (3)	94.2% (4)	93.7% (5)	88.2% (7)	86.8% (9)	91.7% (4)
Orthopaedic ICATS	No patient should wait longer than 9 weeks for first appointment (n) = breaches	3rd Quarter 49.5% (718)			4th Quarter 55.5% (706)			1st Quarter 58% (704)			2nd Quarter 56.7% (649)			58.6% (559)

PRIMARY CARE AND OLDER PEOPLE SERVICES

Directorate KPIs & SQE Indicators

Service Area	Indicator	Locality	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Older People's Services	% of clients discharged from reablement with no ongoing care package. Baseline – 45%		43%	51%	52%	42%	44%	47%	**31%**					
	20% increase in number of staff using E-NISAT. Baseline = 140 Target = 168 / mth		**147**	**142**	**150**	**154**	**138**	**135**	**135**					
	10% increase in number of Carers Assessments offered Baseline = 585 Target = 648		40	53 (cum 93)	56 (cum 149)	82 (cum 231)	49 (cum 280)	64 (cum 344)	109 (cum 453)					
	By March 2016, secure a 10% increase in the number of direct payments (March 15 figure = 70)		71	71	74	72	77	75	73					
	District Nursing Caseload Allocation Compliance No more than 50 unactioned in each locality October figure taken at 12 noon on 4th November	North Down	**Reporting to commence in October**						**20**					
		Ards							**11**					
		Down							**55**					
		Lisburn							**8**					

PRIMARY CARE AND OLDER PEOPLE SERVICES

		Oct 14	Nov	Dec	Jan 15	Feb	Mar		Apr	May	June	July	Aug	Sept	Oct
NDAdoc GP Out of Hours	Base Visits	870	1020	1188	1103	961	1075		1043	1020	848	837	902	918	1054
	Advice	2145	2346	2838	2747	2506	2550		2477	2607	1938	2025	2195	1901	2230
	Home Visit	272	282	311	357	305	246		264	289	239	271	308	205	231
	TOTAL	**3287**	**3648**	**4337**	**4207**	**3772**	**3871**		**3784**	**3916**	**3025**	**3133**	**3405**	**3024**	**3515**
Lagandoc GP Out of Hours	Base Visits	1148	1316	1492	1225	1135	1241		1250	1317	1026	1061	1114	1033	1220
	Advice	1577	1861	2297	2193	1887	2122		1929	2062	1495	1459	1627	1379	1700
	Home Visit	127	150	159	168	152	150		152	169	135	110	111	130	138
	TOTAL	**2852**	**3327**	**3948**	**3586**	**3174**	**3513**		**3331**	**3548**	**2656**	**2630**	**2852**	**2542**	**3058**
Downedoc GP Out of Hours	Base Visits	869	975	1040	962	868	893		960	1122	965	900	946	885	948
	Advice	735	901	1104	994	989	1037		950	1077	853	975	981	858	920
	Home Visit	44	53	57	69	72	49		44	55	28	39	61	54	42
	TOTAL	**1648**	**1929**	**2201**	**2025**	**1929**	**1979**		**1954**	**2254**	**1846**	**1914**	**1988**	**1797**	**1910**

Primary Care & Older People Services - Corporate Issues

Service Area	Indicator	SEPT 14	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	12	15	7	10	9	12	9		12	11	13	13	16	11
	What % were responded to within the 20 day target? (target 65%)	75%	**47%**	57%	80%	67%	**50%**	**33%**		58%	**45%**	62%	**54%**	69%	55%
	How many were outside the 20 day target?	3	8	3	2	3	6	6		5	6	5	6	5	5
Freedom of Information Requests	How many FOI requests were received this month?	4	1	0	0	2	2	2		0	3	0	1	1	1
	What % were responded to within the 20 day target? (target 100%)	**75%**	100%	n/a	n/a	**50%**	**50%**	100%		n/a	**33%**	n/a	**0%**	100%	100%
	How many were outside the 20 day target?	1	0	0	0	1	1	0		0	2	0	1	0	0

PRIMARY CARE AND OLDER PEOPLE SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th rowspan="2">TREND</th></tr>
<tr><th>AUG</th><th>SEPT</th><th>OCT</th></tr>
<tr><td>AHP Waits</td><td>No patient to wait longer than 13 weeks from referral to commencement of treatment

(was 9 weeks up to March 2015).</td><td>At 31st October 2015 of 7919 patients on the AHP waiting list, 269 are waiting longer than 13 weeks.

<table>
<tr><th>Service</th><th>No on W/L</th><th>Waiting >9 wks</th><th>Comp-liance</th></tr>
<tr><td>Physio</td><td>4137</td><td>17</td><td>99.6%</td></tr>
<tr><td>OT</td><td>1146</td><td>63</td><td>94.5%</td></tr>
<tr><td>Orthoptics</td><td>192</td><td>2</td><td>99%</td></tr>
<tr><td>Podiatry</td><td>908</td><td>2</td><td>99.8%</td></tr>
<tr><td>S<</td><td>577</td><td>1</td><td>99.8%</td></tr>
<tr><td>Dietetics</td><td>959</td><td>184</td><td>80.8%</td></tr>
</table>

[n] = total waiting

(n) = breaches</td><td>97%

[7752]

(231)</td><td>96.5%

[7832]

(276)</td><td>96.6%

[7919]

(269)</td><td>13 Week
Target Line</td></tr>
<tr><td>Complex Discharges</td><td>90% of complex discharges should take place within 48 hours.</td><td>All qualifying patients from SET Trust of Residence in NI acute beds.
(Source: HSCB Web Portal).

(n) = 48 hr breaches

Revisions post validation:-

August was 75.9% (74) now 76.1% (74)

Sept was 74% (89) now 74.5% (89)

SET Key reasons:-
• No Domiciliary Care Package
• Patient / Family resistance</td><td>76.1%

(74)</td><td>74.5%

(89)</td><td>75.9%

(89)</td><td>SET Resident
All in SET Beds
Target Line</td></tr>
</table>

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Complex Discharges	90% of complex discharges should take place within 48 hours.	All qualifying patients in SET beds. (n) = complex discharges. BHSCT reasons:- • No Domiciliary Care Package • Community Equipment Delays Revisions post validation:- August was 79% (568) now 79% (569) Sept was 73.7% (613) now 73.9% (612) There were also corresponding changes in the Trust of residence figures.	**79%** **(568)** **>48 hrs By Trust of res** **SET 77** **BT 40** **ST 1** **WT 1**	**73.7%** **(613)** **>48 hrs By Trust of res** **SET 105** **BT 50** **ST 2** **WT 2** **NT 1**	**76.3%** **(620)** **>48 hrs By Trust of res** **SET 99** **BT 48**	
Complex Discharges	No Complex discharge should take longer than 7 days.	All qualifying patients in SET beds. n = complex discharges (n) = discharges delayed by more than 7 days. Revisions Post Validation:- August was 93%, 568 (40) now 93%, 569, (40) Sept was 90%, 613 (61) now 90%, 612, (61)	**93%** **569** **(40)**	**90%** **612** **(61)**	**92.1%** **620** **(49)**	100 90 80 70 60 50 40 30 20 10 0 Oct-14 Nov Dec Jan-15 Feb Mar Apr May June July Aug Sep Oct SET Residents · Target Line

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE					TREND
			Q1 14/15	Q2	Q3	Q4	Q1 15/16	
Unplanned Admissions	By March 2016 reduce the number of unplanned hospital admissions by 5% for adults with specified long-term conditions	13/14 Baseline = 1688 14/15 Target = 1604 15/16 Target = 1524 **Reporting in arrears - Quarter 2 figures for 2015/16 will be available in the December Report.**	489 (cum 489)	457 (cum 946)	518 (cum 1464)	**547** **(cum 2011)**	201 (cum 201)	

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Direct Payment	By March 2016, secure a 10% increase in number of Direct Payment cases across all programmes of care (March 15 figure = 463 Target = 509 and is shared with Adult Services)		521	522	523	

PRIMARY CARE AND OLDER PEOPLE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Long-Term Conditions	By March 2016, deliver 78,000 Monitored Patient Days (equivalent to approx 550 patients) from the provision of remote tele-monitoring services through the Tele-monitoring NI contract. New information page available on I-Connect http://iconnect/NursingPrimaryCareOlder/PrimaryCare/SpecNursing/Pages/Telehealth.aspx	For 2015-16, a target of 78,000 patient target days is in place for the South Eastern Trust. At year end (2014-15) on Telehealth alone (TF3), SET just missed the targets by 2740 MPD i.e. 4%. The plan is to try and achieve this activity on TF3 telehealth alone. MPD = Monitored Patient Days	**TF3** **In Month** 6566 MPD 101% **Cumulative** 33294 MPD 102%	**TF3** **In Month** 6213 MPD 95.6% **Cumulative** 39,507MPD 102%	**TF3** **In Month** 6539 MPD 101% **Cumulative** 46,046 MPD 101%	Telemonitoring for Telehealth shows an increase this month at a 0.2% variance against the monthly target and 2.26% cumulative. No of patients in October benefiting from remote telemonitoring **= 212 patients** Currently meeting monthly target.
		If there is a shortfall towards the end of the year we will be able to utilize u-tell activity. n = Monitored Patient Days per month Monthly target = 6500 MPD	**Inc U-Tell:** **In Month** 7898 MPD 122% **Cumulative:** 40054 MPD 123%	**Inc U-Tell:** **In month** 7386 114% **Cumulative:** 47440 122%	**Inc U-Tell:** **In month** 7784 120% **Cumulative:** 53830 119%	**U-Tell - October** **INR:** 37 pts (no new patients) x 31 days = 1147 MPD **Diabetes:** 4 pts (1 NP) x 31 days = 98 MPD **Total:** 1245 MPD
Long-Term Conditions	By March 2016, deliver 90,132 telecare monitored patient days (equivalent to approximately 244 patients) from the provision of remote telecare services including those provided through the Telemonitoring NI Contract. Electronic referral process now in place – see link http://iconnect/NursingPrimaryCareOlder/PrimaryCare/SpecNursing/Pages/Telecare.aspx	The Trust has started the process of educating practitioners about the system and referrals have been placed. Work is being undertaken to enable electronic referrals and this will hopefully be in place in June. Monthly target = 7511 MPD MCD = Monitored Care Day	**In month** 6138 MCDs 82% **Cumulative** 29036 MCDs 77%	**In Month** 6034 MCDs 80% **Cumulative** 35,070 MCD 77%	**In Month** 6335 MCDs 84% **Cumulative** 41,405 MCD 79%	Monitoring for Telecare shows a minimal increase in referrals in September (9 in total compared to 8 the previous month) with a monthly variance of 57.9%. With 9 referrals came 5 de-installations due to deaths or admission to Residential or PNH No of patients benefiting from remote telecare monitoring **= 207 clients** (increase of 4 pts on previous month). Meeting with ADs planned for the 6th January 2016 with myself and TF3.

ADULT SERVICES

ADULT SERVICES – MENTAL HEALTH SERVICES

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

Service Area	Target	OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Adult MH Services waits	All < 9 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.8%	100%
Discharge and Follow-up	99% < 7days of decision to discharge	99%	99%	100%	98%	98%	98%	100%	100%	99%	100%	94%	100%	100%
	All < 28 days (no. Breaches)	2	7	8	6	4	1	3	2	6	7	3	4	3
	All follow-up < 7 days from discharge	100%	100%	100%	100%	97%	97%	100%	98%	100%	100%	100%	100%	100%

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

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

Adult Services Directorate – Mental Health Services - Directorate KPIs

Service Area	Indicator	OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Mental Health	100% of Mental Health records to be available for outpatient clinics.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	95% of GP Assessment Centre Letters to be posted with 10 days.	92.5%	Not Avail	D/L – 94%	92%	90%	Down 60%	Down 51%	Down 73.7%	Down 57%	Down 95%	Down n/a	Down 96%	Down 100%
				NDA – 100%			Lisburn 97%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%	Lisburn 100%
								NDA 100%	NDA 100%	NDA 100%	NDA 100%	NDA* 100%	NDA 100%	NDA 100%

* NDA figure based on 80% of assessments completed

ADULT SERVICES – MENTAL HEALTH SERVICES

Adult Services Directorate – Mental Health Services - Corporate Issues

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

ADULT SERVICES – MENTAL HEALTH SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Waiting Times For Assessment And Treatment	No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services.	% = % compliance (n) = number on waiting list [n] = number waiting > 9 weeks	100% (527) [0]	99.8% (543) [1]	100% (100) [0]	
Discharge And Follow-Up	99% of discharges take place within 7 days of patient being assessed as medically fit for discharge.	There were 76 discharges in October 2015, all were discharged within 7 days.	94%	100%	100%	
	All patients to be discharged within 28 days of patient being assessed as medically fit for discharge.	There were 3 delayed discharges in October 2015 – all pending accommodation and this is now being monitored through the Ward Social Workers who report to the Clinical Manager for Mental Health.	3	4	3	
	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 76 SET discharges in October 2015 for follow up within 7 days. All were offered appointments within 7 days. 63 seen, 2 DNA, 2 CNA Awaiting feedback re 9 others from Belfast Trust and Southern Trust.	100%	100%	100%	
Resettlement	By March 2015, resettle the remaining long-stay patients in psychiatric hospitals to appropriate places in the community.	Remaining long-stay population have now been resettled and the PFA target has been met in full. This has been acknowledged by Linus McLaughlin at HSCB.	Target Met	Target Met	Target Met	

ADULT SERVICES – DISABILITY SERVICES

Adult Services Directorate – Disability Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 14	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT
Discharge	99% <7days of decision to discharge	100%	100%	100%	100%	100%	100%		100%	99%	100%	100%	100%	100%	100%
	All <28 days - no of Breaches	**8**	**8**	**6**	**6**	**7**	**7**		**9**	**9**	**9**	**10**	**10**	**11**	**13**
	Resettle remaining long-stay patients in learning disability hospitals to appropriate places in the community.														
Direct Payments	By March 2016, secure a 10% increase in number of Direct Payment cases (Baseline = 463, Target = 509 – Target shared with PC&OP)	451	452	461	455	461	463		474	484	497	506	521	522	523

Adult Services Directorate – Disability Services - HSC Indicators of Performance

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

Adult Services Directorate – Disability Services- Directorate KPIs

Service Area	Indicator	OCT 14	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT
Adult Learning Disability / Adult Disability	Achieve 10% reduction in admissions to Muckamore Baseline: 39 Target: 33	3 (cum 16)	3 (cum 19)	1 (cum 20)	0 (cum 20)	2 (cum 22)	1 (cum 23)		1 (cum 1)	3 (cum 4)	3 (cum 7)	2 (cum 9)	4 (cum 13)	1 (cum 14)	2 (cum 16)
	100% compliance with Hand Hygiene Monthly Audits (Thompson House)	100%	97.5%	97.5%	97%	100%	100%		100%	100%	100%	98%	97%	100%	100%

ADULT SERVICES – DISABILITY SERVICES

		Quarter 2 (14/15)	Quarter 3 (14/15)	Quarter 4 (14/15)		Quarter 1 (15/16)	Quarter 2 (15/16)
Adult Learning Disability /Adult Disability	50% of clients in day centres will have a person centred review completed. Baseline: 556 Target: 278 (70 per quarter)	2nd Quarter 75 (cum total 197)	3rd Quarter 132 (cum total 329)	4th Quarter 94 (cum total 423)		1st Quarter 105 (cum 105)	2nd Quarter 76 (cum 181)
	Increase provision of alternative to bed based short breaks. Baseline = 14,800 hrs (3,700 / quarter)	2nd Quarter 6299 hrs (cum 11,394)	3rd Quarter 3856 hrs (cum 15,250)	4th Quarter 4118 hrs (cum 19,368)		1st Quarter 4276 hours	2nd Quarter 7815 hours (Cum 12,091)
	Achieve minimum 88% internal environment cleanliness target.	87%	93%	91%		84%	97%

Adult Services Directorate – Disability Services – Corporate Issues

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

ADULT SERVICES – DISABILITY SERVICES

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="3">PERFORMANCE</th><th>TREND</th></tr>
<tr><th>AUG</th><th>SEPT</th><th>OCT</th><th></th></tr>
<tr><td rowspan="2">Discharge</td><td>Ensure that 99% of discharges take place within 7 days of the patient being assessed as medically fit for discharge.</td><td>One patient discharged within the target time during October.</td><td>100%</td><td>100%</td><td>100%</td><td></td></tr>
<tr><td>No discharge taking longer than 28 days.</td><td>The Trust currently has 13 people awaiting discharge, 12 of whom have been waiting for more than 28 days.

n = number awaiting discharge
(n) = breaches</td><td>11

(10)</td><td>12

(11)</td><td>13

(12)</td><td>Muckamore:-
<table>
<tr><th>Delay in days</th><th>Aug</th><th>Sept</th><th>Oct</th></tr>
<tr><td>0-7</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>8-28</td><td>1</td><td>1</td><td>1</td></tr>
<tr><td>29-90</td><td>1</td><td>2</td><td>2</td></tr>
<tr><td>91-365</td><td>3</td><td>4</td><td>5</td></tr>
<tr><td>>365</td><td>6</td><td>5</td><td>5</td></tr>
<tr><td>Total</td><td>11</td><td>12</td><td>13</td></tr>
</table></td></tr>
<tr><td>Resettlement</td><td>By March 2015 resettle the remaining long-stay patients in learning disability hospitals to appropriate places in the community.</td><td>Four patients remain to be resettled.</td><td>5 people remain to be resettled</td><td>4 people remain to be resettled</td><td>4 people remain to be resettled</td><td></td></tr>
</table>

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare Services – Performance Targets Dashboard

Service Area	Target	OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Reception/ Committal	ALL prisoners to have healthcare / keepsafe screen on day of reception, before spending first night in prison	99.7% (1)	100% (0)	100% (0)	99.7% (1)	96.6% (2)	99.6% (1)	100% (0)	100% (0)	100% (0)	99.7% (1)	100% (0)	99.6% (1)	100% (0)
	ALL prisoners to be subject to a “Comprehensive Health Assessment” within 72 hours of committal	100% (0)	100% (0)	100% (0)	100% (0)	98.2% (5)	100% (0)	98.4% (1)	99% (3)	99.6% (1)	99.3% (2)	98.9% (3)	99.2% (2)	97.4% (8)
Inter-prison transfer	All prisoners to receive a “Transfer Health Screen” by Prison Healthcare Staff on the day of arrival.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Care	In an emergency, prisoners to be seen by Healthcare Staff within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Routine Medical Appointments	Following Triage by Healthcare staff, where a prisoner is found to require a non-urgent appointment with a doctor this will be accommodated within 14 days.	100%	99.5%	99.1%	96%	**90.8%**	**89.1%**	**91.7%**	**87%**	**89%**	**92.8%**	**93.5%**	**92.9%**	97.4%
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks. Breaches (n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**43% (8)**

ADULT SERVICES – PRISON HEALTHCARE SERVICES

Adult Services Directorate – Prison Healthcare - Corporate Issues

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

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Committal	All prisoners to be subject to a healthcare / keepsafe assessment to determine immediate health concerns on the day of first reception, and before spending their first night in prison, to include an assessment of the risk of suicide/ self-harm.	% = performance n = total committals (n) = breaches Note: Magilligan Prison is not a committal prison so only receives transfers and is not covered by this target.	100% 277 (0)	99.6% 263 (1)	100% 307 (0)	
Committal	All prisoners to be subject to a "Comprehensive Health Assessment" by a healthcare professional within 72 hours of committal.	% = performance n = total committals (n) = breaches (see table below)	98.9% 277 (3)	99.2% 263 (2)	97.4% 307 (8)	8 Prisoners in Hydebank Wood did not receive a Comprehensive Health Assessment within 72 hours Of these 8 prisoners, 3 were bailed and 1 time-served within 72 hours. Of the remaining 4 only 3 are still in custody.
Inter-Prison Transfers	On prison transfer, all prisoners will receive a transfer health screen by Prison Healthcare staff on the day of arrival.	% = performance n = total transfers (n) = breaches	100% 62 (0)	100% 65 (0)	100% 24 (0)	
Emergency Care	In an emergency, prisoners will be seen by Prison Healthcare staff within an hour. *Emergencies are defined as "Code Blue" or "Code Red" calls for assistance.*	% = performance n = total emergencies (n) = breaches	100% 51 (0)	100% 44 (0)	100% 56 (0)	

		Aug	Sep	Oct
Maghaberry	Committals	223	214	257
	Breaches	0	1	0
Hydebank*	Committals	54	49	50
	Breaches	3	1	8

ADULT SERVICES – PRISON HEALTHCARE SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Routine Medical Appointments	Following triage by Healthcare staff, where a prisoner is found to require a non-urgent appointment with a doctor this will be accommodated within 14 days.	% = performance n = total appointment requests (n) = breaches	**93.5%** **681** **(44)**	**92.9%** **722** **(51)**	97.4% 851 (22)	October 2015:- All breaches in Maghaberry
Addictions Services	No prisoner with an opiate or an intravenous drug addiction who wishes to be seen by the Addictions Team should wait longer than 9 weeks.	% = Compliance (n) = number of prisoners with confirmed opiate or intravenous drug addiction who had their first face to face contact with Addictions Team. [n] = number of prisoners waiting >9wks for appointment	100% (20) [0]	100% (14) [0]	**43%** **(14)** **[8]**	

ADULT SERVICES – PSYCHOLOGY

Adult Services Directorate – Psychology Services – Commissioning Plan Targets Dashboard

Service Area	Target	OCT 14	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT
Psychological Therapies waits	All < 13 weeks	55.7%	55.5%	45.3%	44.9%	47%	43.5%		47.2%	47.4%	51.9%	51.8%	48.7%	41.3%	41.4%

Adult Services Directorate – Clinical Psychology Services – KPIs

	OCT 14	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT
Direct Contacts (cum)	2751 (17621)	2220 (19841)	1697 (21538)	2262 (23800)	2449 (26249)	2463 (28712)		2400	1949 (4349)	2151 (6500)	1493 (7993)	1618 (9611)	1985 (11596)	2200 (13796)
Consultations (cum)	147 (1236)	105 (1341)	90 (1431)	119 (1550)	115 (1665)	134 (1799)		105	116 (221)	105 (326)	59 (385)	101 (486)	94 (580)	90 (670)
Supervision - Hours (cum)	156 (1009.75)	126.5 (1136.25)	91 (1227.25)	117 (1344.25)	100 (1444.25)	108 (1552.25)		127.5	129.5 (257)	141 (398)	85 (483)	92 (575)	122.5 (697.5)	104.5 (802)
Staff training - Hours (cum)	154.5 (879.5)	152 (1031.5)	48.5 (1080)	88 (1168)	78.5 (1246.5)	160.5 (1407)		96.5	100 (196.5)	117 (313.5)	74.5 (388)	82 (470)	143.5 (613.5)	137.5 (751)
Staff training - Participants (cum)	271 (2098)	425 (2523)	174 (2697)	102 (2799)	191 (2990)	231 (3221)		211	319 (530)	310 (840)	165 (1005)	119 (1124)	322 (1446)	273 (1719)

Adult Services Directorate – Psychology Services - Corporate Issues

Service Area	Indicator	SEPT 14	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT
Complaints Handling	How many complaints were received this month?	0	0	0	0	0	0	0		0	1	0	0	0	0
	What % were responded to within the 20 day target? (target 65%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a		n/a	100%	n/a	n/a	n/a	n/a
	How many were outside the 20 day target?	0	0	0	0	0	0	0		0	0	0	0	0	0

ADULT SERVICES – PSYCHOLOGY

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Waiting Times For Assessment And Treatment	No patient of any age to wait more than 13 weeks from referral to assessment and commencement of treatment in Psychological Therapies	% = % compliance (n) = number on waiting list [n] = number waiting > 13 weeks	**48.7%** **935** **[480]**	**41.3%** **910** **[534]**	**41.4%** **935** **[548]**	see breaches table below

Breaches	Sept	Oct
Adult Mental Health	**344**	**329**
Older People	**33**	**37**
Adult Learn Dis	**21**	**28**
Children's Learn Dis	**4**	**4**
Adult Health Psych	**132**	**150**
Children's Psych	0	0
Total	**534**	**548**

CHILDREN'S SERVICES

CHILDREN'S SERVICES

Children's Services Directorate –Commissioning Plan Targets Dashboard

Service Area	Target	OCT 14	NOV	DEC	JAN 15	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
Children in Care	All admissions formally assessed and placements matched through Children's Resource Panel (n = no of children admitted to care)	100% (6)	100% (2)	100% (2)	100% (3)	100% (4)	100% (1)	100% (4)	100% (7)	75% (4)	100% (2)	100% (2)	n/a (0)	100% (2)
	All to have Permanence Plan within 6 months (n = number of children without a permanence plan)	100% (0)	91.7% (1)	100% (0)	83.3% (1)	100% (0)	75% (5)	100% (0)	85.7% (1)	83.3% (1)	83.3% (1)	100% (0)	70% (3)	73.3% (4)
Assessment of Children at Risk or in Need	All Child protection referrals allocated <24hrs from receipt of referral (n=breaches)	99.1% (1)	100% (0)	98.6% (1)	98.9% (1)	97% (3)	100% (0)	98.6% (1)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)	100% (0)
	All Child protection initial assessment <15 days from receipt (n) = breaches	60.3%	46.6%	100%	73.9%	100%	98.7% (1)	98.4% (1)	100%	100%	97.6% (2)	100% (0)	100% (0)	87.8% (9)
	All Child protection case conference <15 days from receipt (n) = breaches	100% (0)	93.3% (1)	75% (2)	92.3% (1)	100%	93.3% (1)	94.7% (1)	87.5% (2)	95.5% (1)	96.4% (1)	100% (0)	90.5% (2)	93.8% (2)
	All LAC assessment <14 days of child becoming Looked After. (n) = breaches	89.3% (3)	100% (0)	73.3% (4)	100% (0)	95% (1)	72.7% (6)	86.7% (4)	92.9% (1)	84.2% (3)	93.3% (1)	63.6% (4)	100% (0)	100% (0)
	All Family Support referrals for assessment to be allocated <20 days from receipt	94.6% (11)	87.7% (23)	89.4% (17)	78.5% (49)	91.1% (18)	94.2% (13)	92.2% (18)	91% (18)	86% (33)	88.3% (23)	91.2% (15)	97.6% (5)	89.4% (25)
	All Family support initial assessment completed <10 days of allocation	40.1%	34.6%	23.5%	36.2%	29%	35.5%	37.6%	38.7%	41.6%	33.1%	29.9%	33.8%	26.4%
	After initial Family Support assessment 90% requiring pathway assessment to be allocated within further 30 days (n) = breaches	70.5%	71%	64.7%	58.7%	57.1%	72.5%	82.9% (6)	96.3% (1)	90.2% (5)	83.5% (19)	69.2% (16)	51.9% (25)	64.3% (20)
Autism	No child to wait more than 13 weeks for assessment following referral. (n = breaches)	44.2% (86)	61.9% (53)	59.6% (56)	59.3% (61)	53.5% (59)	53.9% (59)	46.9% (68)	54.3% (63)	65.2% (48)	58.8% (61)	63.1% (55)	54.1% (56)	59.1% (54)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	100% (0)	100% (0)	94.1% (3)	96.9% (2)	87.2% (10)	100% (0)	100% (0)	87.5% (4)	100% (0)	100% (0)	87% (6)	100% (0)	100% (0)
Unallocated cases	Total number of unallocated cases **over 20 days** in Children's Services	115	133	149	101	116	150	167	184	211	204	174	165	151

CHILDREN'S SERVICES

Children's Services Directorate – Directorate KPIs and SQE Indicators

Service Area	Indicator	OCT 14	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT	OCT
Fostering	Number of Mainstream Foster Carers	291	283	279	287	296	291		297	308	299	300	305	302	310
	Number of children with Independent Foster Carers	12	11	11	13	13	15		15	15	15	18	18	17	18
Child Health	95% of children to receive a 2 year contact from Health Visitor (Reported 6 mths in arrears)	95.1%	94.4%	94.9%	93.6%	93.7%	94.2%		95%	Reported 6 mths in arrears					
	Achieve 95% pre-school Immunisations Uptake Rate. (ie 1st, 2nd and 5th Birthdays) (Quarterly Reporting)	Quarter 3 97.4%			Quarter 4 96.6%				Quarter 1 97.7%			Quarter 2 97.8%			Quart 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)	48.6%	48.9%	45.9%	45.1%	46.3%	50.7%		50.1%	50.6%	53.4%	54.6%	46.2%	Reported 2 mths in arrears	
Safeguarding	Total Unallocated Cases at month end	184	201	233	168	198	236		243	279	305	272	249	236	214
	Family Centre Waiting List at month end	24	29	29	33	33	33		31	25	21	23	21	20	15
Care Leavers	At least 75% aged 19 in education, training or employment	73%	70%	76%	76%	78%	78%		75%	70%	70%	75%	71%	76%	71%

Children's Services - Corporate Issues

Service Area	Indicator	SEP 14	OCT	NOV	DEC	JAN 15	FEB	MAR		APR	MAY	JUN	JUL	AUG	SEPT
Complaints	How many complaints were received this month?	6	7	4	5	8	5	11		9	10	12	6	11	6
	What % were responded to within the 20 day target? (target 65%)	100%	14%	25%	40%	25%	40%	45%		44%	50%	58%	33%	55%	33%
	How many were outside the 20 day target?	0	6	3	3	6	3	6		5	5	5	4	5	4
Freedom of Information Requests	How many FOI requests were received this month?	0	5	3	2	4	6	3		1	2	4	3	1	1
	What % were responded to within the 20 day target? (target 100%)	n/a	60%	0%	50%	75%	50%	67%		0%	50%	25%	0%	100%	0%
	How many were outside the 20 day target?	0	2	3	1	1	3	1		1	1	3	3	0	1

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Children In Care	All children admitted to residential care should, prior to admission:- (1) Have been the subject of a formal assessment to determine the need for residential care. (2) Have had their placement matched through the Children's Resource Panel Process.	% = % compliance (n) = No of children admitted to care this month There were two children admitted to care during October 2015. Both placements were subject to formal assessment and went through the Children's Resource Panel.	100% (2)	n/a (0)	100% (2)	
	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.	There were 24 children taken into care during April 2015. 8 children were respite / shared care, 4 children were discharged from care. Of the remaining 12 children, 9 had a permanence plan in place at the end of October 2015. Of the 3 children without a permanence plan at the end of September, 2 now have a plan in place, 1 is still outstanding. % = % compliance n = number of children requiring a plan (n)= number of children without permanence plan within 6 months.	100% 9 (0)	**70%** **10** **(3)**	**73.3%** **15** **(4)**	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Assessment Of Children At Risk Or In Need	All child protection referrals to be allocated within 24 hours of receipt of referral.	% = compliance (n) = total referrals [n] = number allocated within 24 hrs	100% (61) [61]	100% (104) [104]	100% (82) [82]	
	All child protection referrals to be investigated and an initial assessment completed within 15 working days from the date of the original referral being received.	% = % compliance (n) = number initial assessments completed in month. [n] = number completed within 15 working days of original referral being received.	100% (51) [51]	100% (96) [96]	**87.8%** **(74)** **[65]**	
	Following the completion of the initial child protection assessment, a child protection case conference to be held within 15 working days of the original referral being received.	%= % compliance (n) = number of initial case conferences held [n] = number within 15 days	100% (12) [12]	**90.5%** **(21)** **[19]**	**93.8%** **(32)** **[30]**	
	All Looked After Children Initial assessments to be completed within 14 working days from the date of the child becoming looked after.	% = % compliance (n) = number of initial assessments completed. [n] = number completed within 14 working days.	**63.6%** **(11)** **[7]**	100% (17) [17]	100% (22) [22]	
	All family support referrals to be allocated to a social worker within 20 working days for initial assessment.	% = % compliance (n) = number of referrals allocated [n] = number within 20 days	**91.2%** **(170)** **[155]**	97.6% (207) [202]	**89.4%** **(235)** **[210]**	

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Assessment Of Children At Risk Or In Need	All family support referrals to be investigated and an initial assessment completed within 10 working days from the date the original referral was allocated to the social worker.	% = % compliance (n) = number of assessments completed [n] = number completed within 10 working days	**29.9%** **(134)** **[40]**	**33.8%** **(130)** **[44]**	**26.4%** **(178)** **[47]**	
	On completion of the initial assessment 90% of cases deemed to require a Family Support pathway assessment to be allocated within a further 30 working days.	% = % compliance (n) = number allocated [n] = number allocated within 30 working days.	**69.2%** **(52)** **[36]**	**51.9%** **(52)** **[27]**	**64.3%** **(56)** **[36]**	
Autism	No child to wait more than 13 weeks for assessment following referral.	At 31st October 2015, 132 children were on the waiting list specifically for diagnostic assessment for ASD. 54 children waiting > 13 wks (longest wait 198 days) % = compliance (n) = breaches	**63.1%** **< 13 wks** **(55)**	**54.1%** **< 13 wks** **(56)**	**59.1%** **< 13 wks** **(54)**	Chart: Assessment within 13 wks; Target Line (Oct-14 to Oct)
	No child to wait more than 13 weeks for the commencement of specialist treatment following assessment.	31st October 2015 - total waiters:- 0 – 4 wks: 19 >4 – 8 wks: 13 >8 – 13 wks: 0 > 13 wks: 0 Total: 32 Longest wait = 52 days % = compliance (n) = breaches	**87%** **(6)**	100% (0)	100% (0)	Chart: <13 weeks from assessment to treatment; Target Line (Oct-14 to Oct)

CHILDREN'S SERVICES

TITLE	TARGET	NARRATIVE	PERFORMANCE			TREND
			AUG	SEPT	OCT	
Unallocated Cases	Monitor the number of unallocated cases in Children's Services	n = unallocated over 20 days (n) = total awaiting allocation at 31st Oct 2015	174 (249)	165 (236)	151 (214)	

Narrative:

Gateway	Disability	FIT	TOTAL
10	0	141	151

Trend:

	Gate way	Disa bility	FIT	**Total**
< 1 wk	4	2	5	**11**
1-4 wks	16	0	36	**52**
4-8 wks	7	0	40	**47**
> 8 wks	3	0	101	**104**
Total	**30**	**2**	**182**	**214**

HEALTH & WELLBEING

HEALTH & WELLBEING

<table>
<tr><th rowspan="2">TITLE</th><th rowspan="2">TARGET</th><th rowspan="2">NARRATIVE</th><th colspan="4">PROGRESS</th><th rowspan="2">TREND</th></tr>
<tr><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td rowspan="2">Smoking Cessation</td><td rowspan="2">To deliver a stop-smoking service in 3 Acute sites.</td><td>Target: 275 individuals enrolled in the service by March 2016</td><td>62</td><td>43
(Cum 105)</td><td></td><td></td><td rowspan="2"></td></tr>
<tr><td>Target: 60% Quit rate at 4 weeks
n = number quit at 4 wks
% = Quit rate</td><td>43
69.4%</td><td>31
72.1%</td><td></td><td></td></tr>
<tr><td rowspan="2">Smoking and Pregnancy</td><td rowspan="2">To deliver a stop smoking service to pregnant women</td><td>Target: 88 individuals enrolled in the service.
n = number enrolled</td><td>16</td><td>15
(cum 31)</td><td></td><td></td><td rowspan="2"></td></tr>
<tr><td>Target: 60% Quit rate at 4 weeks
(n) = number enrolled
n = number quit at 4 wks
% = Quit rate</td><td>10
62.5%</td><td>12
80%</td><td></td><td></td></tr>
</table>

HEALTH & WELLBEING

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Volunteering	To ensure the baseline figure of active volunteer placements does not fall below 500.	Baseline = 558 Target = >500	525	518			
	To increase the number of younger volunteers (16-24 year olds) by 5% compared to 2013/14.	Baseline = 68 Target = 72	10 (cum 10)	25 (cum 35)			

WORKFORCE AND EFFICIENCY

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Absenteeism	Improve sick absence rates by 2.5% on 2014/15 levels	2014/15 = 6.67% 15/16 Target = 6.5%	4.97%	6.49%			
Investors In People	By March 2016 100% of Hospital Services and 75% of Adult Services to maintain IiP accreditation using an internal review approach.	Trust wide accreditation maintained using Internal Review approach 2014/17. A rolling programme is in place and endorsed by EMT. Corporate Directorates successfully achieved post recognition review January 2015.	Hospital 100% Adults 0%	Hospital 100% Adults 0%			Adult Services assessments scheduled 12th – 16th October 2015.
Induction	By March 2016, 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.	64% (cum)	71% (cum)			Q2: 2014-15 = 80% Q2: 2013-14 = 67% Q2: 2012-13 = 62%
KSF Appraisal	Improve take-up in annual appraisal of performance during 2015/16 by 5% on previous year to meet existing target of 80%	New recording mechanism allows for breakdown by Directorate and by named managers. Jul: 11% / Aug: 14% / Sept: 16% (Rolling total Oct 14 – Sept 15 = 42%)	8% (cum)	16% (cum)			Q2: 2014-15 = 15% Q2: 2013-14 = 15% Q2: 2012-13 = 10%

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
KSF Appraisal	By March 2016, 95% of Medical staff to have had an appraisal and an agreed PDP.	All medical staff must have completed an appraisal for revalidation purposes. Their appraisal year runs Jan – Dec.	98%	45%			
E-Learning	To increase the use of e-Learning by 15% for Training by March 2016.	Due to move to new platform Aug/Sept 15 which it is anticipated will increase access and capacity and improve reporting information.	21%	9%			.
Equality	To increase levels of ethnic monitoring in CHS, PAS, Soscare, SureStart and NIMATS to 50% by March 2016, supported by information packs and training materials.	Improved data regarding BME service users to include potential gaps. Launch of Guide on Ethnic Monitoring of Service Users in HSC (NI).	45%	50%			The Trust continues to implement Ethnic Monitoring in CHS, PAS, Soscare, SureStart and NIMATS. The Trust has requested statistical data on uptake levels in these systems from HSCB on several occasions. The Trust is awaiting the launch of the Guide on Ethnic Monitoring of Service Users by HSCB. The above issues were discussed at the Regional Equality and Human Rights Steering Group this month and the DHSSPSNI has requested a sub-group meeting of the Regional Ethnic Monitoring Group to look at these issues. .
	To ensure that all Trust policies and procedures are screened and reported on a quarterly basis through the intranet.	Policies and Procedures are Equality Screened by author with advice and guidance from Equality Managers. Quarterly Screening Report available on Trust Website.	100%	100%			All Trust policies are Equality Screened and the QSR published on Trust Website

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	PROGRESS				TREND
			Q1	Q2	Q3	Q4	
Recruitment	By March 2016, to improve recruitment times to 25 days from date released from Scrutiny to Final Offer – excluding Access NI & Occupational Health.		33 days	30 days			Q2 2014 = 44 days There has been a huge push to make job offers but this activity is having a detrimental knock-on effect on the speed of files processed from interview due to staff shortages (currently receiving support from other HR teams).
Bank	By March 2016 reduce Agency usage within all Corporate Bank Users to 15% and increase Bank usage to 85%.	Q1 15 – Prison Health incorporated June 15, inherited Agency reduced % from 88% in April / May 15 to 81% June 15.	Bank 85.7% Agency 14.3%	Bank 79% Agency 21%			
	By March 2016 to increase the Users of the Corporate Bank Service by 25%.	Q1 2015 starting point – 98 Units using Corporate Bank.	5.1% Increase in new users	2% Increase in new users			
HRPTS	80% of Trust staff population to be actively using HRPTS on a day to day basis by end of March 2016. (Includes both ESS & MSS usage. Does not refer to Bank and other excluded groups)	20% fall outside ICT infrastructure – approx. 2000 staff.	54%	56%			Q2 2014-15 = 17%
	100% of HRPTS users to be using online travel claims by March 2016 (Substantive posts only)	Depending on reporting arrangements with SS Payroll - to be finalised by September 2015.	Info not yet avail for SS Payroll	Info not yet avail for SS Payroll			
	100% of HRPTS users to be accessing payslips online by March 2016 (excludes special provisions for L-Term leave, etc.)	Depending on go-live in November.	Info not yet available	Info not yet available			

WORKFORCE & EFFICIENCY

TITLE	TARGET	NARRATIVE	Progress				TREND
			Q1	Q2	Q3	Q4	
Staff Well-Being	To increase the number of staff engaging in the physical activity programmes by 5% year on year.	Baseline 2013/14 = 2411 Target 2014/15 = 2531	Information not available				
	To deliver four staff health checks as part the Leap Forward initiative		Information not available				
Financial Break Even	South Eastern Trust must deliver financial breakeven by 31st March 2016	For 2015/16 the organisation is currently forecasting a deficit position which is within break even materiality levels. We are working with HSCB to resolve outstanding funding issues.					