

Integrated Performance Monitoring Report

May 2023

Paper Number: SET/59/23



South Eastern Health
and Social Care Trust

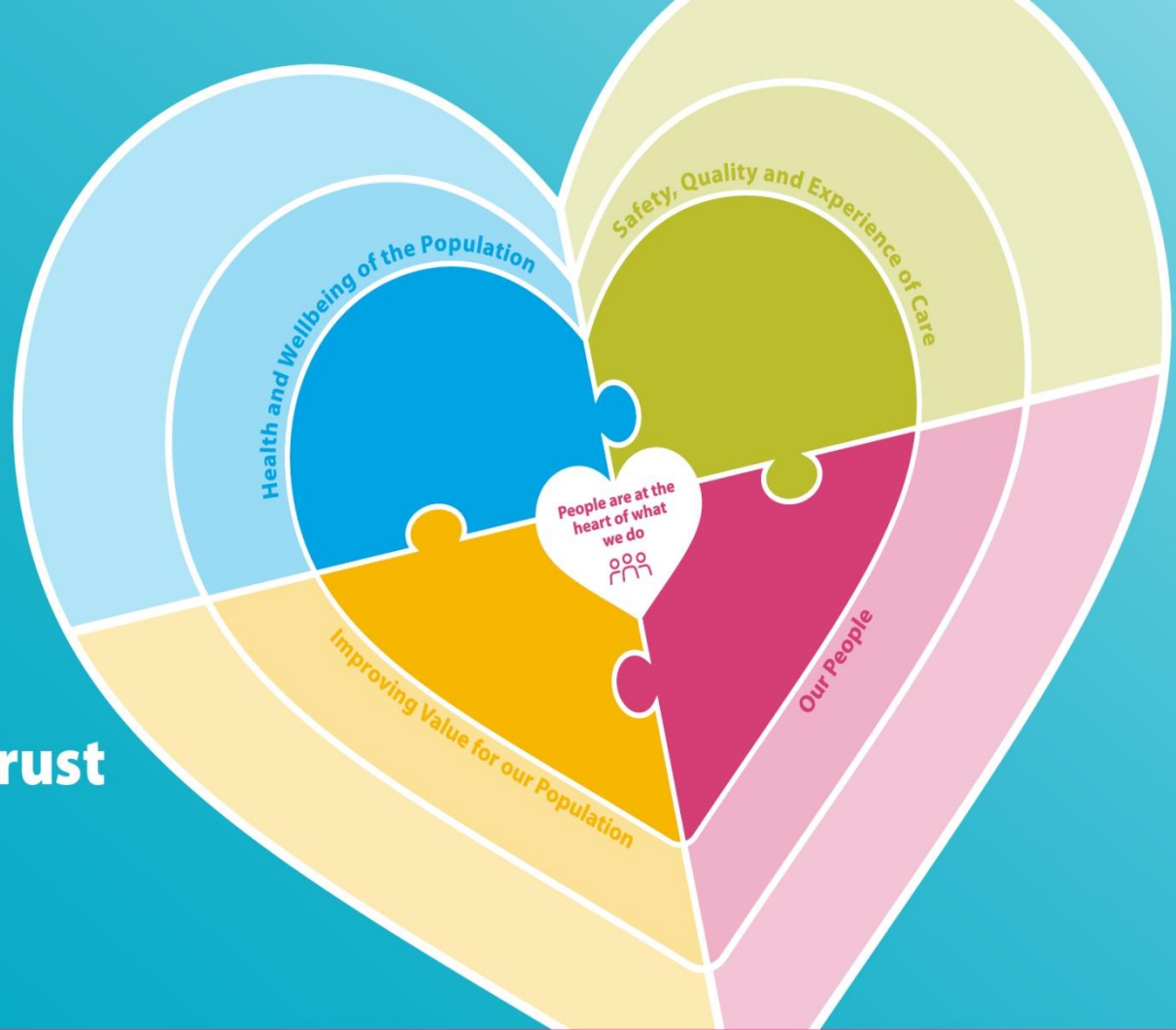




South Eastern Health
and Social Care Trust

Quality 4 All

South Eastern HSC Trust Quality Strategy 2021-2026



A great place to **Live**

A great place to **Work**

A great place for **Care & Support**

Overview

This Integrated Performance Management Report assesses the Trust position for May 2023 in relation to a number of key metrics including the Ministerial targets previously included within the Commissioning Plan, Department of Health Service Delivery Plan and the three corporate improvement priorities detailed below. This is a significant change to reporting and will be implemented and developed over the coming months. In the future, this report will also include reporting against the population health based Strategic Outcomes Framework being developed by the Department of Health's Strategic Planning and Performance Group (SPPG). It is expected that all performance metrics will be available in SPC format and in a summary table. SPC charts will be shown by exception for Trust Board reporting, however all performance metrics being monitored will be available in the summary tables.

Service Delivery Plan

At the Regional Management Board meeting on 8 June 2022, the Permanent Secretary for Health noted the need to return to pre COVID-19 activity levels as soon as possible; ideally aiming to return to these levels by September 2022. Trusts received a follow-up letter from Sharon Gallagher on 9 June highlighting the approach as follows:

- SPPG (DoH) will determine the performance trajectories required
- Services that have already reached pre-Covid-19 activity levels - these levels of service provision are to be maintained or increased
- Performance will be managed and reported on a monthly basis and if targets not achieved escalation measures will be put in place

2023/24 metrics for monitoring were released by SPPG on 14th June 2023. There was no formal submission of performance for April or May with a full Quarter data submission (April – June) request in July.

Strategic Priorities

The Trust has identified three corporate improvement priorities:

1. Unscheduled Care
2. Domiciliary Care
3. Children's Unallocated Cases

These areas are receiving support from the Quality Improvement (QI) Team and the wider corporate team to improve performance.

Glossary of Terms

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



Service Delivery Plan

Performance against trajectories for Service Delivery Plan metrics will be reported monthly and tabled at the quarterly Performance and Transformation Executive Board (PTEB) meetings.

Prior to the PTEB paper, the Commissioner will liaise with Trust Directors of Performance to establish any narrative which may be required for specific service areas as a result of the performance submitted. The PTEB reviewed performance levels and have applied a variance of 5% for reporting purposes.

The 23/24 monitoring including all metrics, baselines and expected outturns have now been confirmed with Trusts and first submissions are requested in July.

Although performance against the 23/24 Service Delivery Plan metrics will not be submitted to SPPG until July 2023, the Trust continues to monitor performance against these metrics internally.



Statistical Process Control

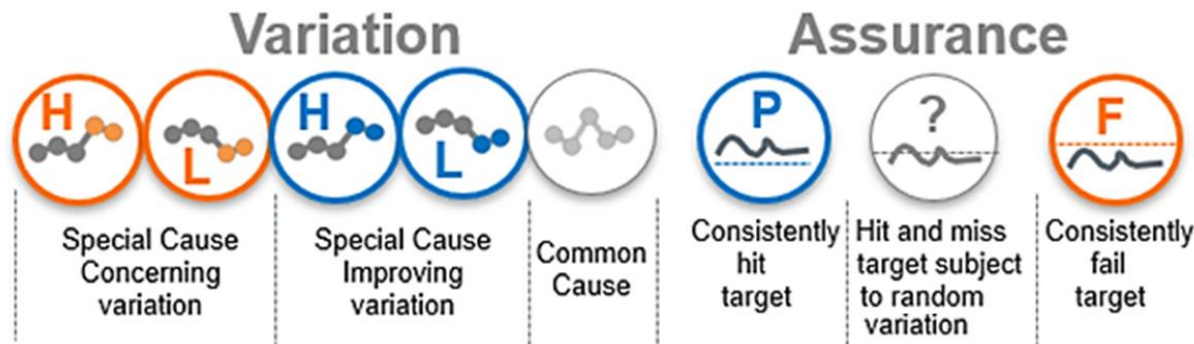
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.

SPC is widely used in the NHS to understand whether change results in improvement. This tool provides an easy way for people to track the impact of improvement projects.

SPC charts contain two dotted lines showing the upper and lower control limits, as well as a solid black line indicating the average. If there are also targets associated with the metric these are shown as a red line on the chart. The most recent month's performance and target is shown in the summary table, if there is no associated target this will be denoted with a hyphen (-).

An explanation of the icons used is included below:



Safety, Quality and Experience of Care

HOSPITAL SERVICES



South Eastern Health
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Performance Summary

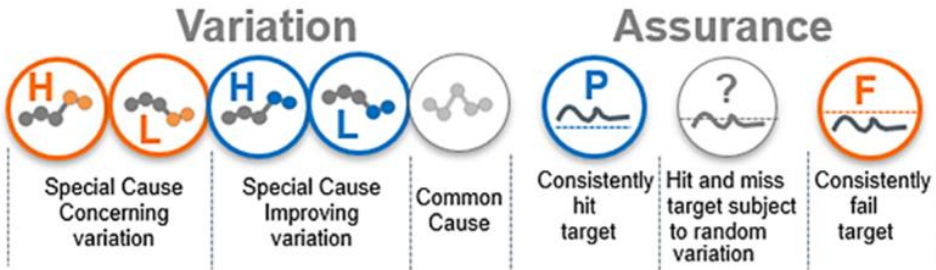
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

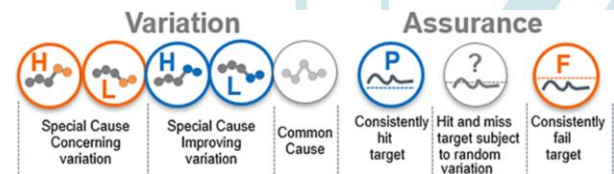
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In May 2023 the following metrics monitored have had either an improving variation or consistently hit their target:

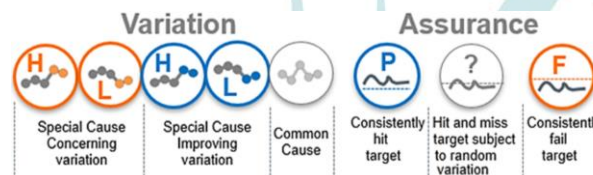
- 4hr % Downe
- 4hr % Ards MIU



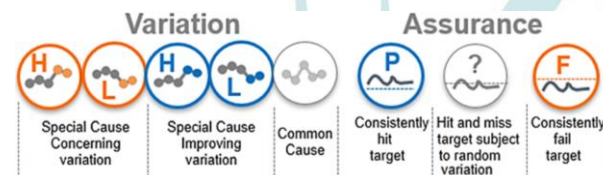
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	May 23	214	311		
Cancer 31 Day Activity	May 23	119	194		
Cancer 62 Day Activity	May 23	72.0	85.0		
Cancer 14 Day %	May 23	20%	100%		
Cancer 31 Day %	May 23	95%	98%		
Cancer 62 Day %	May 23	26%	95%		
Attendances - All SET	May 23	14107	-		
Attendances - Ulster ED	May 23	9267	-		
Attendances - Lagan Valley	May 23	2196	-		
Attendances - Downe	May 23	1591	-		
Attendances - Ards MIU	May 23	1053	-		



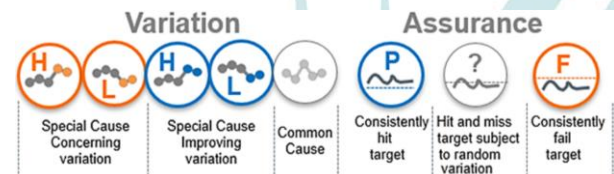
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	May 23	61%	95%		
4hr % - Ulster ED	May 23	45%	95%		
4hr % - Lagan Valley	May 23	80%	95%		
4hr % - Downe	May 23	100%	95%		
4hr % - Ards MIU	May 23	100%	95%		
12hr Breaches - All SET	May 23	1533	-		
12hr Breaches - Ulster ED	May 23	1532	-		
12hr Breaches - Lagan Valley	May 23	1	-		
12hr Breaches - Downe	May 23	0	-		
12hr Breaches - Ards MIU	May 23	0	-		
Adult Non-Elective Discharges	Mar 23	12%	-		
Non-Elective Average Length of Stay	May 23	8.4	7.8		



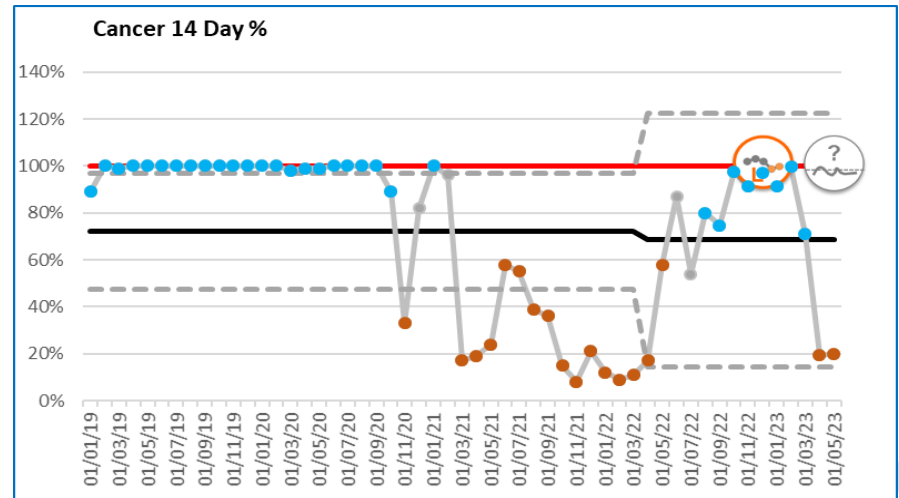
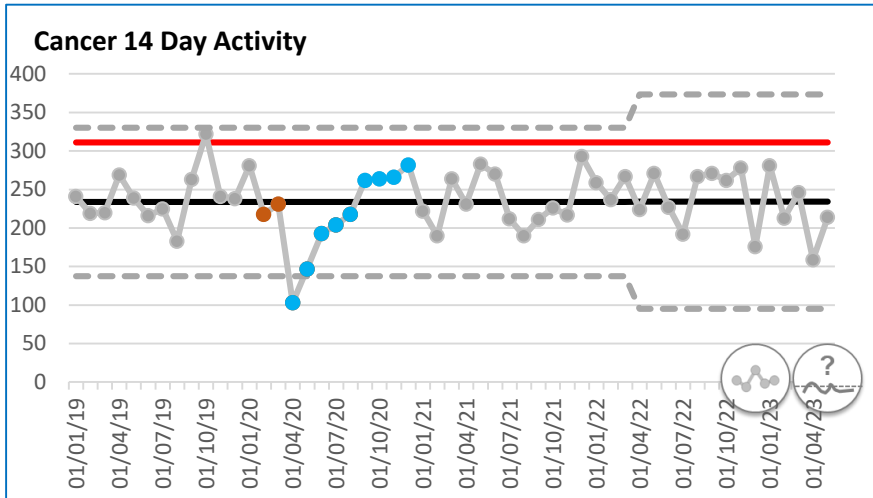
KPI	Latest month	Measure	Target	Variation	Assurance	Mean
Outpatient Contacts New	May 23	7188	8352			6957
Outpatient Contacts New Face to Face	May 23	5936	-			5692
Outpatient Contacts New Virtual	May 23	1252	-			1265
Outpatient Contacts Review	May 23	14526	13157			13571
Outpatient Contacts Review Face to Face	May 23	10456	-			9462
Outpatient Contacts Review Virtual	May 23	4070	-			4109
Inpatient Activity	May 23	309	359			300
Daycase Activity	May 23	1844	2036			1642
Endoscopy - 4 main scopes	May 23	680	830			588
Cath Labs Procedures	May 23	62	73			45
UHD Thrombolysis Rate	Mar 23	19%	15%			20%
UHD Stroke Admitted < 4 hours	Mar 23	40%	45%			30%



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient & Daycase Waits < 13 weeks	May 23	27%	55%		
Inpatient & Daycase Waits < 52 weeks	May 23	52%	100%		
MRI	May 23	1120	1294		
CT	May 23	3647	3041		
NOUS	May 23	2788	2994		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	May 23	149	101		
Echo	May 23	1231	1058		



Cancer Services 14 Day



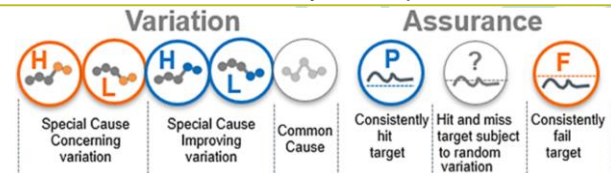
100% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 14 days. The 'Cancer 14 Day Activity' metric relates to the Service Delivery and the 'Cancer 14 Day %' metric relates to traditional CPD target.

In May 2023 20% of patients began treatment within 14 days.

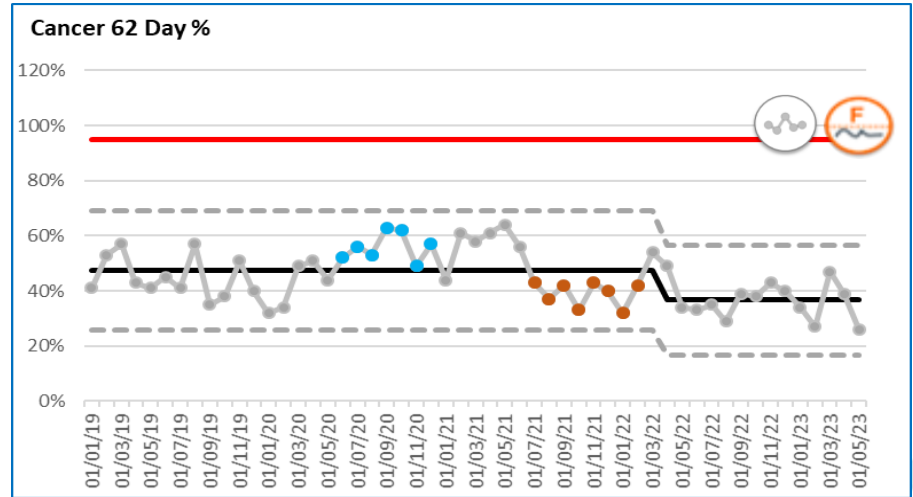
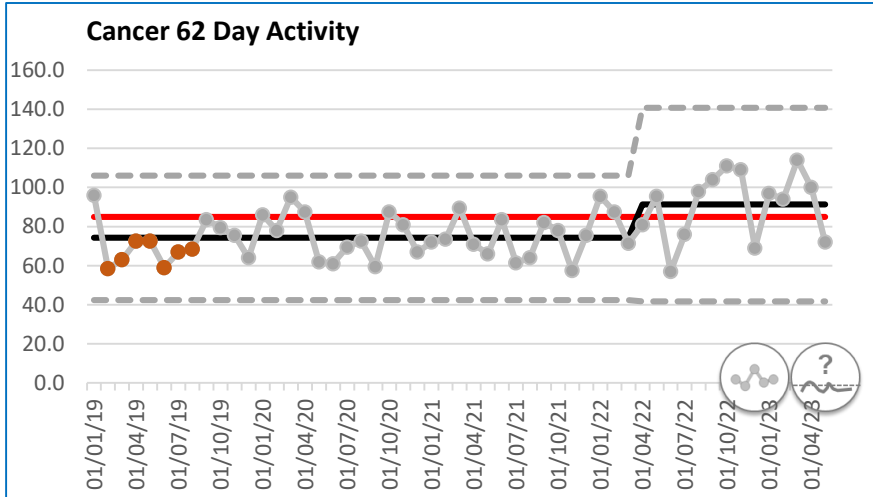
Sick leave is one of the issues affecting performance. 1 consultant surgeon off long term, 1 consultant surgeon off post-surgery and 1 consultant radiologist on maternity leave. However, the bank holidays have had a significant impact on performance. Given the nature of the clinics it is not possible to reschedule. In the past we have flexed capacity by overbooking and converting other slots to urgent new but it is not possible to do this to the same extent due to radiology guidelines setting an absolute maximum. Running an additional WLI clinic is also problematic as we have not been able to secure cover from the radiologists or radiographers.

Equalising waits has been challenging, the patients from ST were stopped when our waiting time exceeded theirs. Its anticipated once caught up we will start taking these patients again. Currently 2 patients per day are being sent to Belfast. A meeting between service leads is currently being scheduled. The number of referrals in March jumped to 331 and remained above 310 in April and May. The increase in referrals is unusual for this time of the year, we usually see a spike in October/November. The average in the previous 12 months was 255. May is currently sitting at 262.

There is a plan to increase the clinic capacity of the Monday clinic from 15 urgent new slots to 25. Start date to be confirmed likely to be quarter 3.



Cancer Services 62 Day



At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. The 'Cancer 62 Day Activity' metric relates to the Service Delivery and the 'Cancer 62 Day %' metric relates to traditional CPD target.

In May 2023 26% of patients began treatment within 62 days.

Scopes

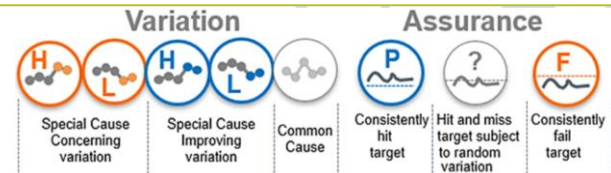
The number of referrals into both Upper and Lower GI have risen significantly when comparing to the pre-covid position. Upper GI has seen a 25% increase and Lower a 28% increase. As a result the number of red flag endoscopy requests have also risen. The average number requested has risen from 329 (pre-covid) to 642 in 2023. On the Endoscopy dashboard SET carried out 5356 (core: 3488, IS: 1868 and WLI: 760) red flag scopes. In order to fully understand the gap between capacity and demand a wider discussion at the endoscopy user group is required. To be discussed at the next Endoscopy User Group.

Dermatology

The decision to transfer patients as a means of equalising waits was regionally agreed at the MIDAS meeting. Currently the waiting time in the Northern trust is 5 months+ for a red flag referral. Waiting time in SET is 5 weeks. It is a pilot process and will result in 10 additional referrals each month.

Pathology Delays

Pathology delays are still affecting performance. Individual cases are escalated through to Belfast. Recruitment underway for a number of posts including a new head and neck pathologist. Use of independent sector being considered for Head and neck.



Unscheduled Care

The Journey To and Through the USC Pathway



Utilising Ambulatory Hubs contributes to reducing the need for attendance at the Emergency Department.

No More Silos funded Hubs saw 1098 New and 747 Review attendances in May

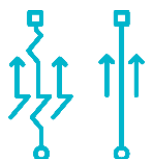


Hospital Admissions are managed to ensure only those patients with a necessity are admitted. On average, there were 9.5 elective inpatients and 76.8 non-elective admission for non-maternity adults daily in May



Patients are staying for the minimum time possible, with an aim to reduce the average Length of Stay.

Length of Stay in April was the 8.7 days for Adult non maternity discharges. (elective=4.1 non-elective=9.2)



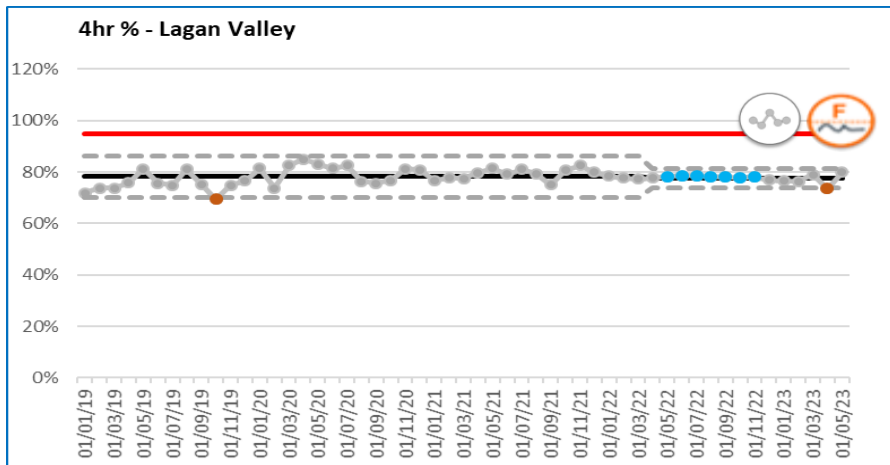
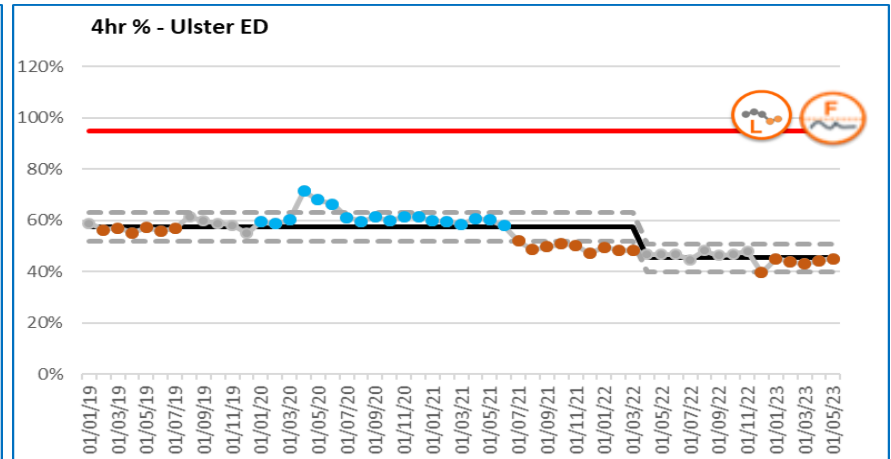
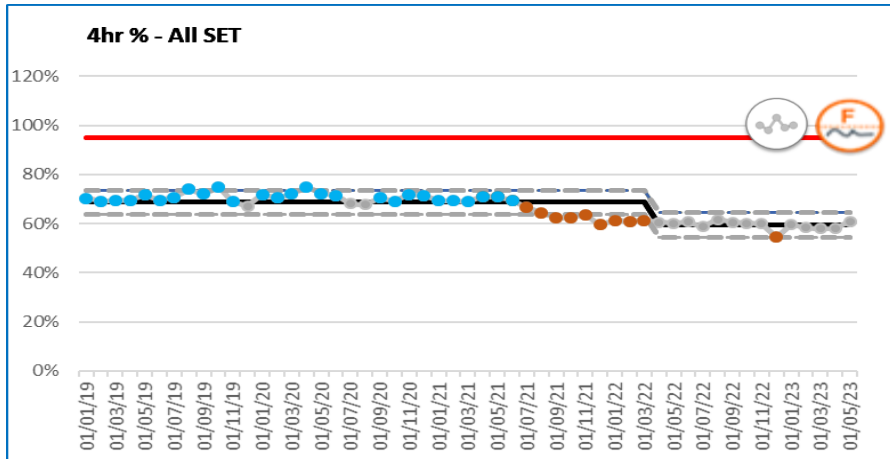
Discharges are managed quickly and efficiently, with patient safety at the centre of decision making.

In May there were 377 complex discharges, 38% of these were delayed less than 48 hour



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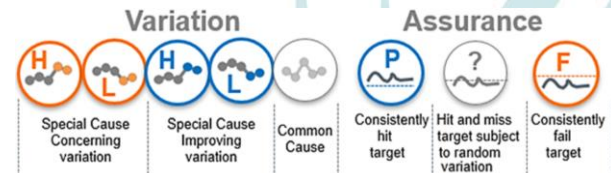
Unscheduled Care



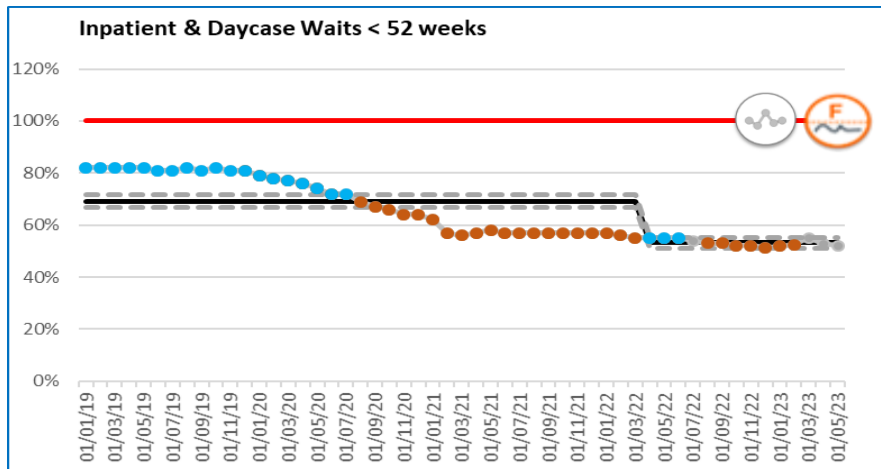
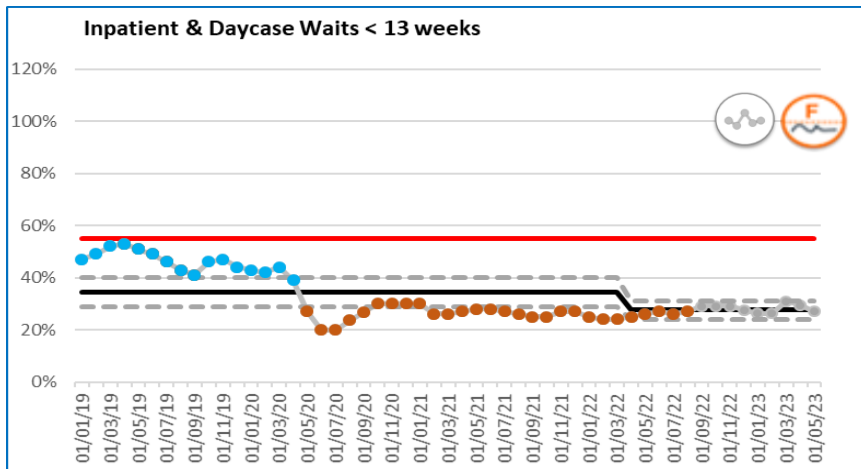
ED 4hr Performance is a CPD metric. 95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

In May 2023 61% of all patients within ED across the South Eastern Trust met the 4 hour target. In the Ulster Hospital ED the figure was 45% and in Lagan Valley 80%.

The Trust recognises that flow through the system is pivotal to improving ED performance, and have established a Task and Finish Group, co-chaired by the Director of Medicine Cancer and Unscheduled Care and the Director of Primary Care and Older People. We believe this will allow us to improve our pathways and flow, focusing on pre-hospital care, length of stay, timely discharge, and caring for people at home.



Inpatient and Daycase Waits



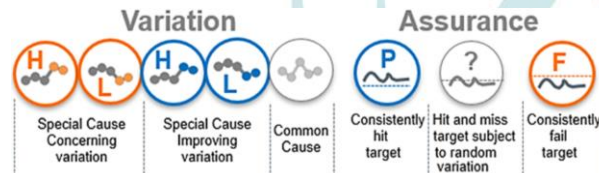
Inpatients and Daycase waits under 13 and 52 weeks are CPD targets. A minimum of 55% of patients should wait less than 13 weeks and no patient should wait more than 52 weeks.

In May 2023 27% of patients waited less than 13 weeks against the 55% target. 52% of patients waited less than 52 weeks against a target of 100%.

As the volume of patients added to the waiting lists increase they are treated in priority. This means routine waits will continue to increase and wait unacceptable lengths of time.



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Safety, Quality and Experience of Care

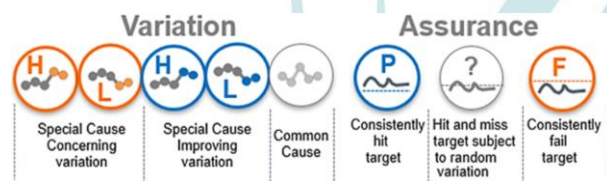
HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
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TITLE	Target	NARRATIVE	PERFORMANCE	TREND																												
HCAI	<p>No new Targets have yet been set by PHA.</p> <p>The last targets set by PHA were that by March 2020 secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection (CDI) in patients aged 2 years and over, and episodes of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection compared to 2017/18.</p> <p>By March 2020 secure an aggregate reduction of 11% of (GNB) Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18.</p>	<p>2022/23: CDI: 11 < 48 hours :63 > 48 hours</p> <p>MRSA:2 < 48 hours :6 > 48 hours</p> <p>Gram Negative Bacteraemias Reportable only if >48hrs</p> <p>Ecoli :18 Pseudo. Aeruginosa : 3 Klebsiella Oxytoca: 2 Klebsiella Pneumoniae: 10</p> <p>*****</p> <p>2023/24: CDI: 2 < 48 hours : 8 > 48 hours</p> <p>MRSA:2 < 48 hours :0 > 48 hours</p> <p>Gram Negative Bacteraemias Reportable only if >48hrs</p> <p>Ecoli :18 Pseudo. Aeruginosa : 2 Klebsiella Oxytoca: 1 Klebsiella Pneumoniae: 2</p> <p>*****</p> <p>All HCAI's are actively monitored and any preventative measures are taken once identified.</p>	<table border="1"> <thead> <tr> <th>~ based on 19/20 Targets</th> <th>Target 22/23-</th> <th>Outturn 22/23</th> <th>Target 23/24-</th> <th>Target no. of cases / month</th> <th>Avg cases as of end of May</th> <th>April - May Episodes</th> </tr> </thead> <tbody> <tr> <td>C.difficile</td> <td>55</td> <td>74</td> <td>55</td> <td>4.58</td> <td>5</td> <td>10</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>8</td> <td>5</td> <td>0.42</td> <td>1</td> <td>2</td> </tr> <tr> <td>All Gram Negative#</td> <td>39</td> <td>73</td> <td>39</td> <td>3.25</td> <td>11</td> <td>22</td> </tr> </tbody> </table> 	~ based on 19/20 Targets	Target 22/23-	Outturn 22/23	Target 23/24-	Target no. of cases / month	Avg cases as of end of May	April - May Episodes	C.difficile	55	74	55	4.58	5	10	MRSA	5	8	5	0.42	1	2	All Gram Negative#	39	73	39	3.25	11	22	
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Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



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Performance Summary

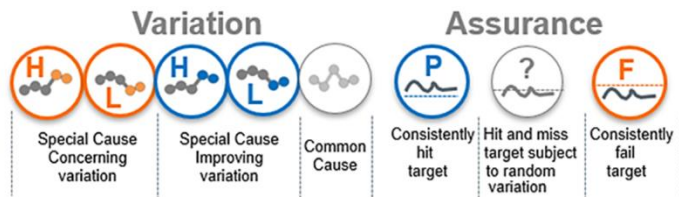
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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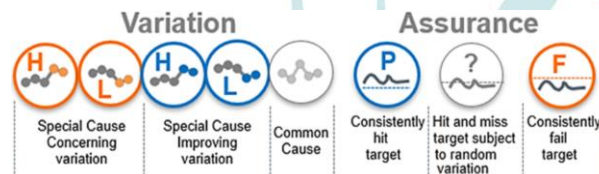
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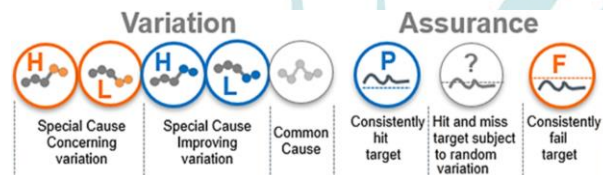
- Podiatry New Contacts
- Speech and Language Therapy Adults – Number on Waiting List
- Speech and Language Therapy Adults - >13 week waits
- Speech and Language Therapy Childrens – Number on Waiting List


















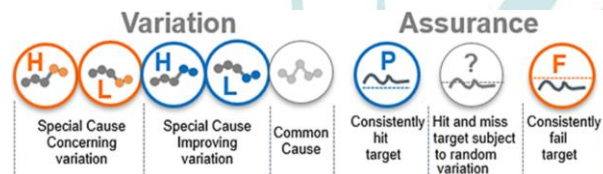
KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	May 23	212	223		
CDS Contact Review	May 23	822	848		
Complex Discharges (n)	May 23	377	-		
Complex Discharges < 48hrs - All SET	May 23	39%	90%		
Complex Discharges < 7 days	May 23	71%	100%		
Dom Care Hours Delivered Stat	Apr 23	51189	-		
Dom Care Hours Delivered Ind	Apr 23	242893	-		
AHP < 13 weeks	May 23	65%	100%		
District Nursing Contacts	May 23	20904	22877		
District Nursing Compliance with SSKIN Bundle for Pressure Ulcers	Nov 22	96%	100%		
District Nursing Compliance with all elements of MUST	Nov 22	95%	100%		
CDS General Anaesthetic Ulster	May 23	77	75		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	May 23	368	363		
Speech & Language Therapy Review Contacts	May 23	4375	4639		
Physio New	May 23	1806	2278		
Physio Review	May 23	5478	6816		
Occupational Therapy New	May 23	928	1171		
Occupational Therapy Review	May 23	2508	3431		
Dietetics New	May 23	679	809		
Dietetics Review	May 23	1039	1499		
Orthoptics New	May 23	167	175		
Orthoptics Review	May 23	500	522		
Podiatry New	May 23	743	703		
Podiatry Review	May 23	2634	3504		



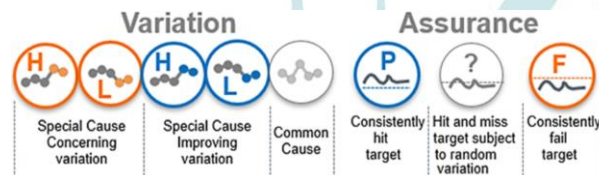
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	May 23	2279	-		
Occupational Therapy >13 Week Waits	May 23	1055	0		
Orthoptics Number on WL	May 23	371	-		
Orthoptics >13 Week Waits	May 23	39	0		
Podiatry Number on WL	May 23	2012	-		
Podiatry >13 Week Waits	May 23	671	0		
Physiotherapy Number on WL	May 23	7926	-		
Physiotherapy >13 Week Waits	May 23	2991	0		
Dietetics Number on WL	May 23	1918	-		
Dietetics >13 Week Waits	May 23	390	0		



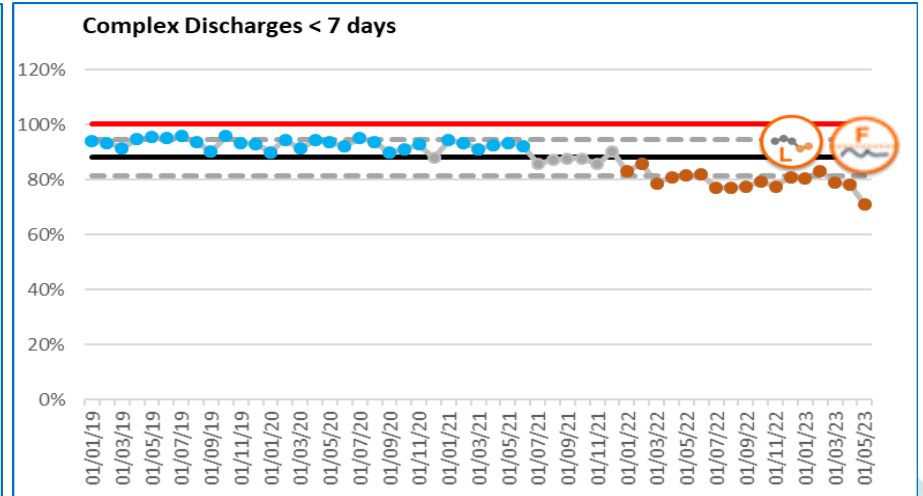
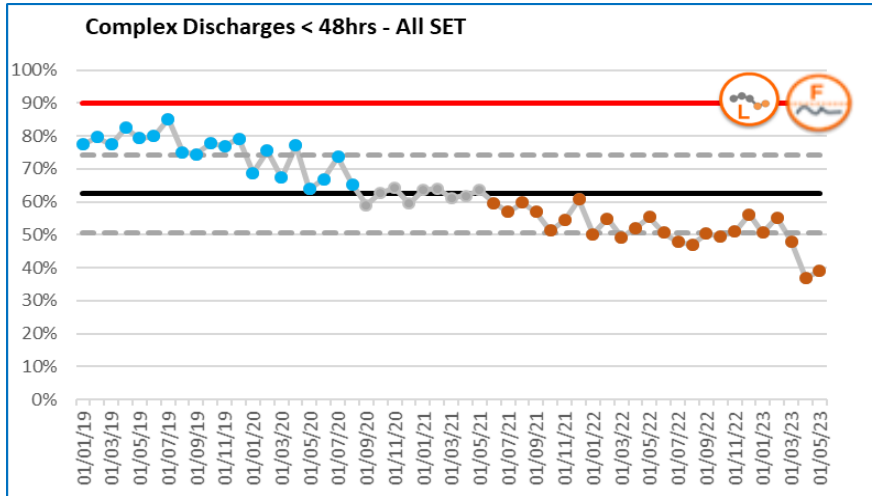
KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	May 23	674	-		
Speech and Language Therapy Adult >13 Week Waits	May 23	106	0		
Speech and Language Therapy Child Number on WL	May 23	433	-		
Speech and Language Therapy Child >13 Week Waits	May 23	145	0		



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and Social Care Trust



Complex Discharges

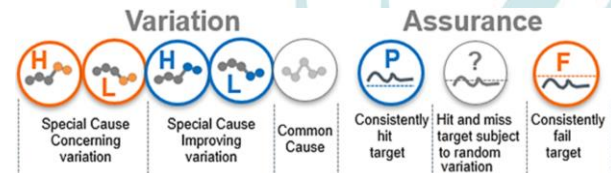


90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds.

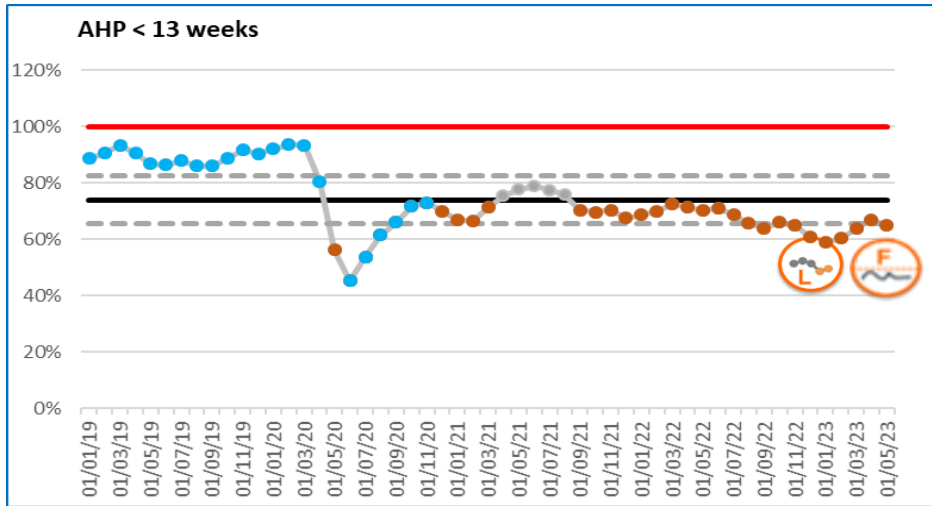
In May 2023 39% of complex discharges were completed within 48 hours against the 90% target. 71% of complex discharges were completed within 7 days against a target of 100%.

Performance in relation to complex discharges continues to be impacted by a lack of availability of Dementia Care Home placements, both Residential & Nursing categories of care. Care homes are in receipt of multiple referrals for a limited number of beds.

On-going challenges experienced in securing care home placements and appropriate category/level of care upon hospital discharge for those patients deemed medically fit and diagnosed with an active Delirium and associated behaviours, of which there has been a significant number.



AHP < 13 weeks



Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target.

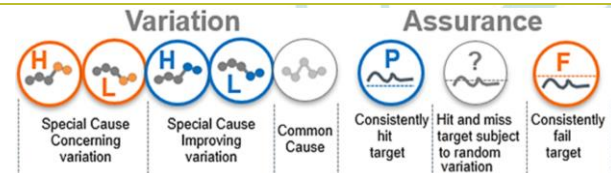
In May 2023 65% of patients received treatment within 13 weeks against the 100% target.

Breakdown by specialty is given within the summary table in the PCOP section. Performance varies widely across clinical areas and professions. Underperformance in one of the larger professions e.g. Physiotherapy continues to have a large impact on the overall presentation.

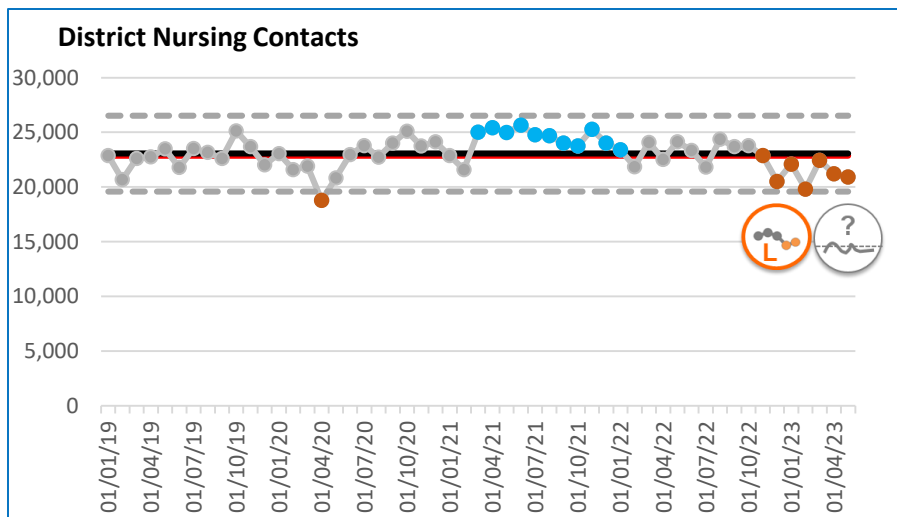
Speech and Language Therapy, Orthoptics and Podiatry are performing well despite staffing challenges.

Physiotherapy have ongoing staffing challenges due to gap in Band 5 staff workforce availability which should improve with graduate entries to the workforce later in the year

All Areas have in place performance initiatives including Updated Templates for outpatient clinics ; Telephone triage / Waiting List validation and high volume clinics for low risk / less complex referrals



District Nursing Contacts



District Nursing Contacts is monitored as part of the Service Delivery Plan metrics.

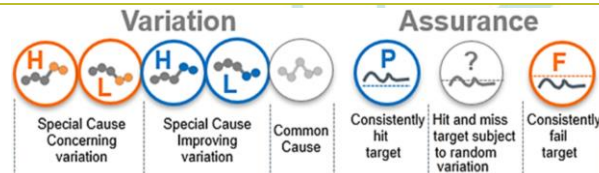
In May 2023 there were 20,904 district nursing contacts against an expected trajectory of 22,877.

District Nursing Services complete home visits and patient contacts in accordance with the Regional DN referral criteria.

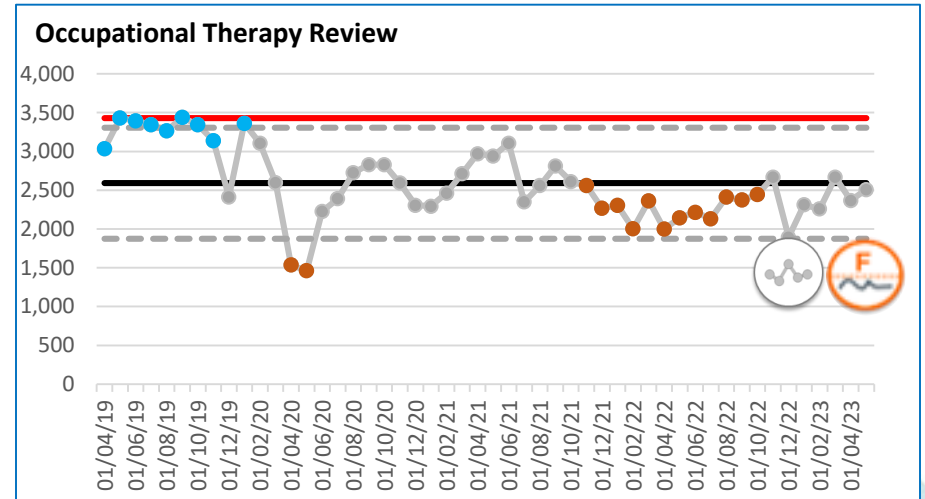
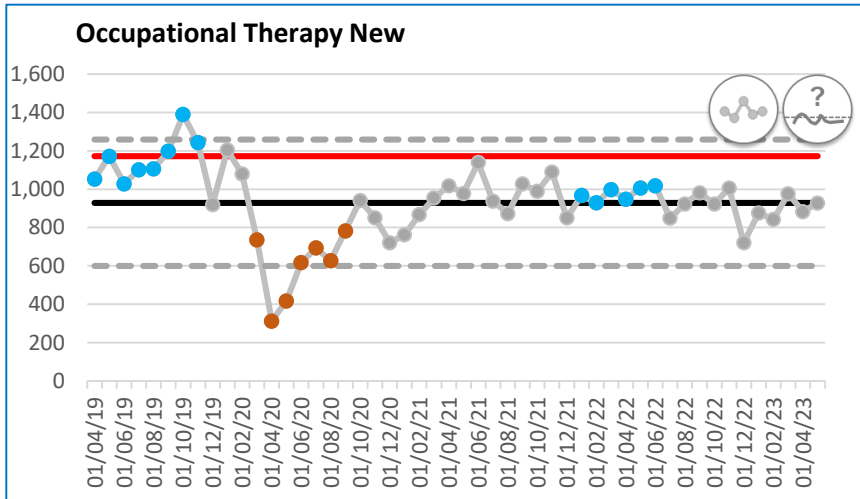
Workforce vacancies and staff absences continue to be managed in line with Trust processes and the service utilises available bank staff to support the teams when required



South Eastern Health and Social Care Trust



Occupational Therapy Contacts

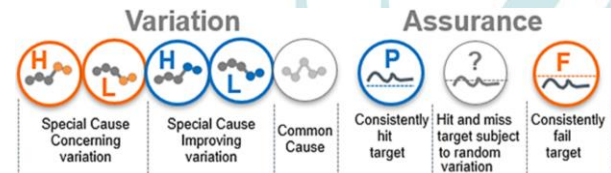


Occupational Therapy Contacts, New and Review, are monitored as part of the Service Delivery Plan.

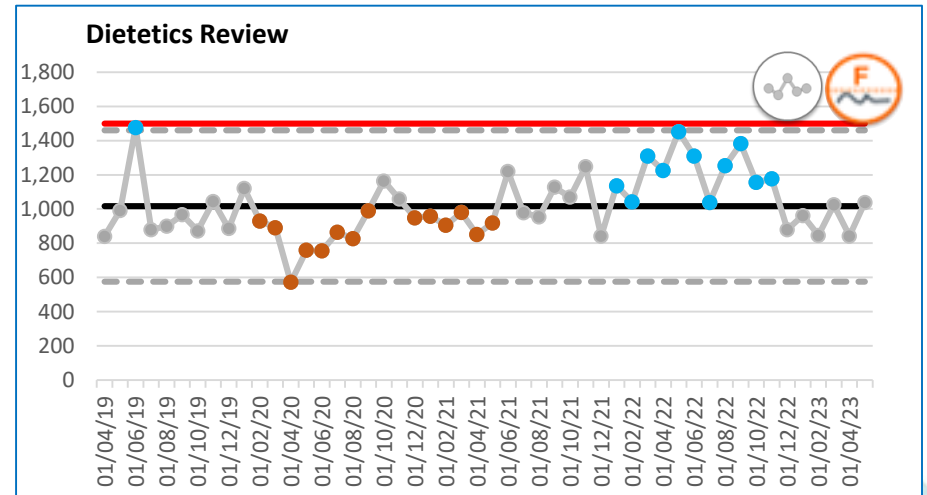
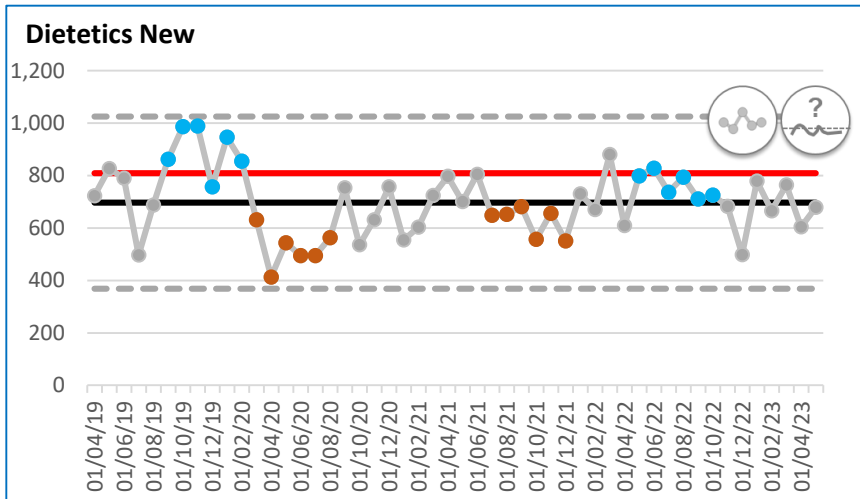
May 2023 recorded 928 New contacts against an expected trajectory of 1,171 equating to 79%.

May 2023 recorded 2,508 Review contacts against an expected trajectory of 3,431. This equates to 73% of expected activity.

Occupational Therapy continue to be challenged in terms of performance because of staffing and increased complexity of referrals which impacts the review figure.



Dietetics Contacts

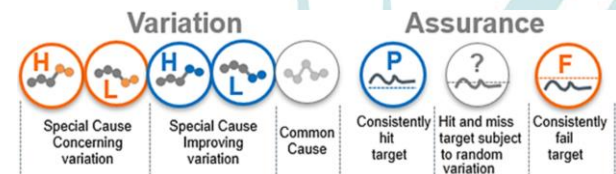


Dietetics Contacts, New and Review, are monitored as part of the Service Delivery Plan.

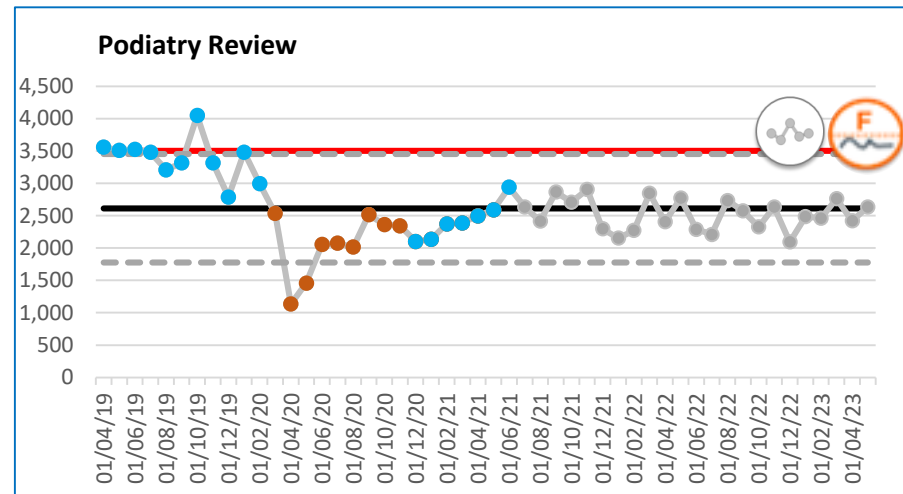
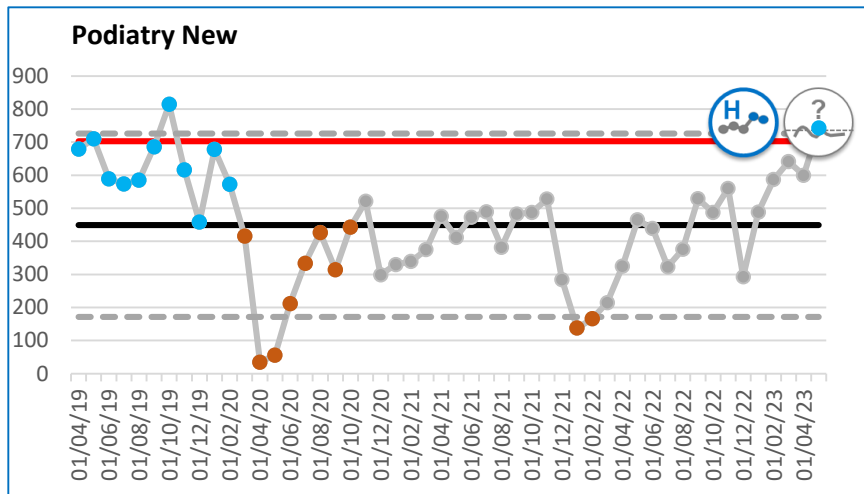
May 2023 recorded 679 New contacts against an expected trajectory of 809 equating to 84%.

May 2023 recorded 1,039 Review contacts against an expected trajectory of 1,499. This equates to 69% of expected activity.

Dietetics services have had recent vacancies and long term sick leave which is affecting performance and impacting review attendances.



Podiatry Contacts



Podiatry Contacts, New and Review, are monitored as part of the Service Delivery Plan.

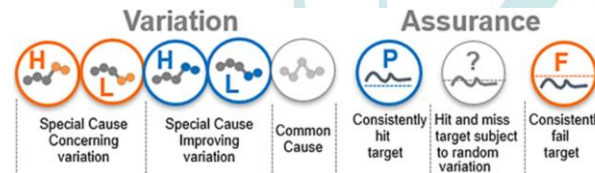
May 2023 recorded 743 New contacts against an expected trajectory of 703 equating to 106%.

May 2023 recorded 2,634 Review contacts against an expected trajectory of 3,504. This equates to 75% of expected activity.

Podiatry Reviews have decreased this month due to a focus on addressing low risk / long waiters.



South Eastern Health and Social Care Trust



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
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Performance Summary

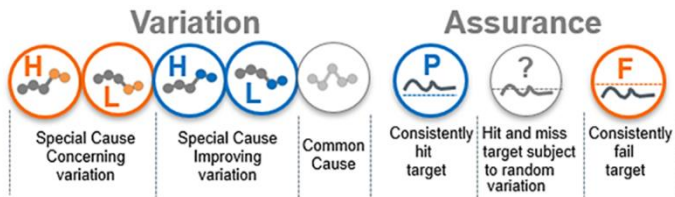
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

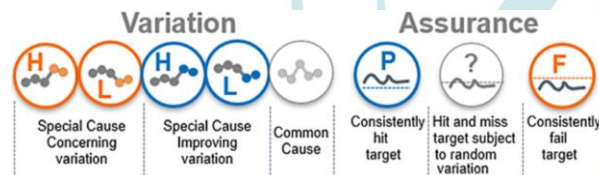
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In May 2023 the following metrics monitored have had either an improving variation or consistently hit their target:

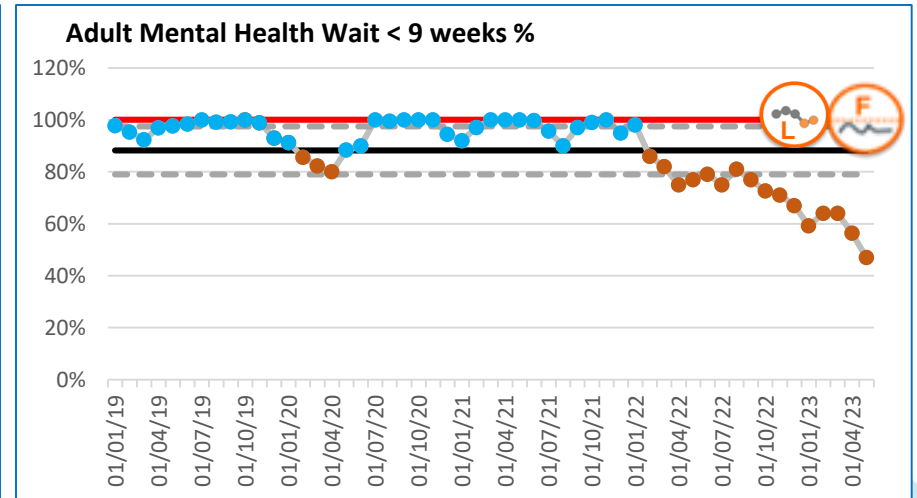
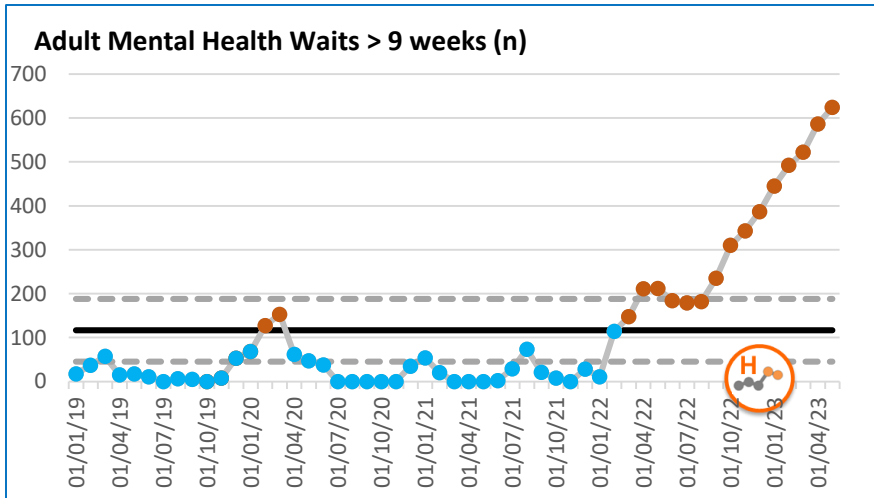
- Adult Day Care Attendances (Adults and Older People)
- Dementia Services – 9 week waits
- Dementia Services – breaches



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	May 23	624	-		
Adult Mental Health Wait < 9 weeks %	May 23	47%	100%		
Adult Mental Health Non-Inpatient New	May 23	751	869		
Adult Mental Health Non-Inpatient Review	May 23	6293	5836		
Adult Day Care Attendances (Adult Disability and Older People)	May 23	7353	-		
Psychological Therapies - New Contacts	May 23	235	187		
Psychological Therapies - Review Contacts	May 23	1953	1966		
Dementia Contacts New	May 23	126	173		
Dementia Contacts Review	May 23	750	801		
Dementia Services - No patient wait longer than 9 wks	May 23	60.0%	100.0%		
Dementia Services - No patient wait longer than 9 wks - breaches	May 23	342	-		



Adult Mental Health Waits



No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services. These metrics form part of the traditional CPD targets.

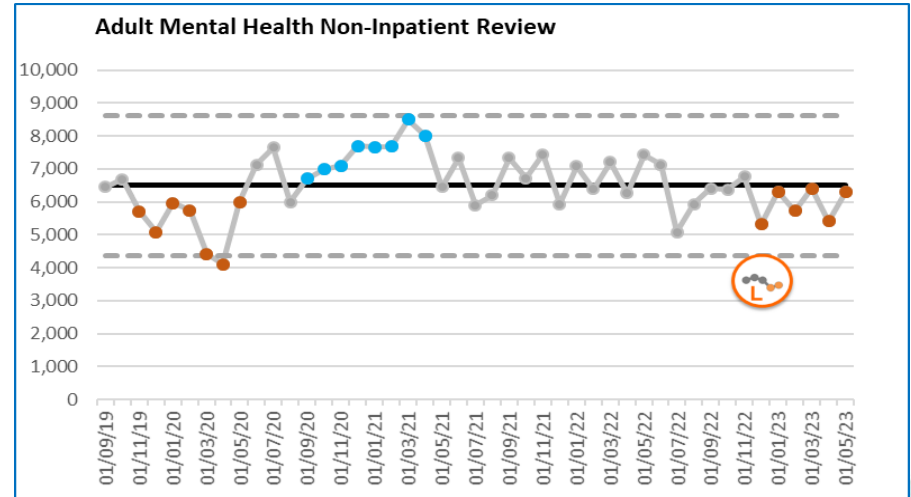
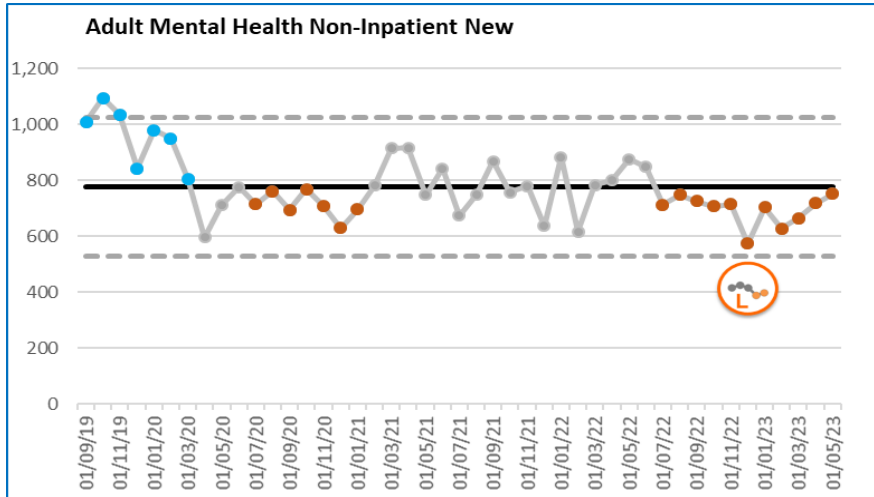
May 2023 recorded 624 patients waiting more than the 9 week target.

In May 2023, 47% of patients waited less than 9 weeks against the 100% target.

The delay in offering appointments to patients referred on a routine basis has largely arisen due to a significant level of staff vacancy and an increase in Emergency and Urgent referrals, however, the challenge has been compounded by Inpatient Service pressures, whereby patients awaiting admission to a Mental Health ward remain in ED or an Acute Hospital bed, thereby requiring review and drawing Assessment Centre staff away from their normal work routine.

Recruitment to the Ards Mental Health Assessment Centre has commenced with five people applying for posts.

Adult MH Non-Inpatient



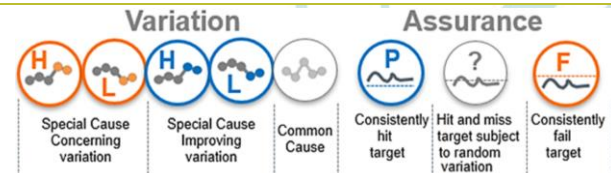
Adult Mental Health Non-inpatient new contacts is a metric monitored as part of the Service Delivery Plan.

In May 2023, 751 New contacts were recorded against an expected trajectory of 869, equating to 86%.

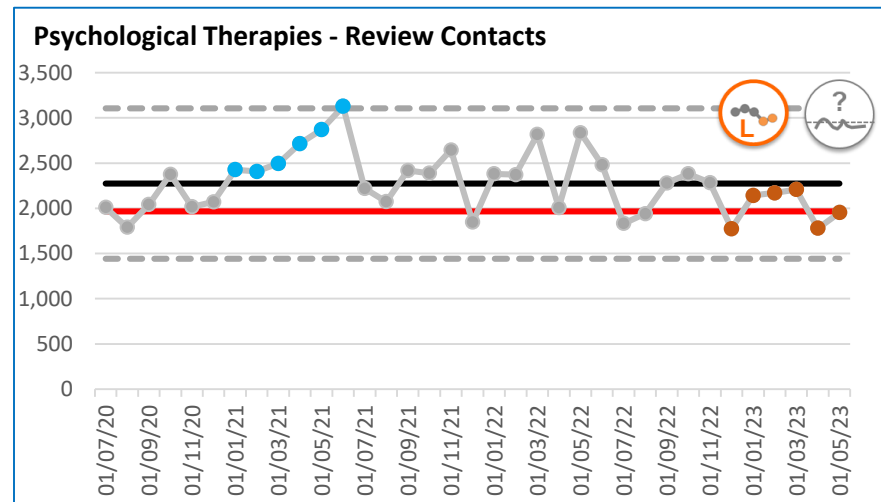
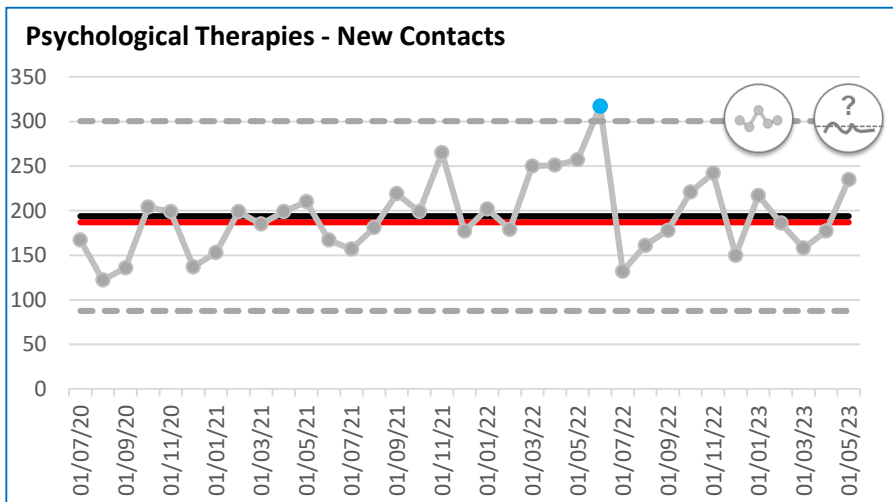
In May 2023, 6,293 New contacts were recorded against an expected trajectory of 5,836. This equates to 108% of expected activity

Reduced numbers of new and review contacts result from workforce pressures, including high rates of vacancy and long-term absence (Sick and Maternity Leave). In addition, a high level of Mental Health Order activity has drawn ASW's away from routine patient contact.

The recent recruitment of new practitioners to the Community Mental Health Teams will lead to increased contacts but this will take some time to materialise as staff will be undertaking an induction.



Psychological Therapies



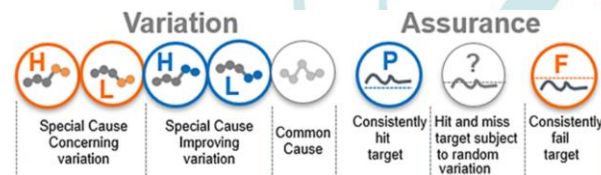
Psychological Therapies Contacts, New and Review is a metric monitored as part of the Service Delivery Plan.

In May 2023, 235 New contacts were recorded against an expected trajectory of 187, equating to 126%.

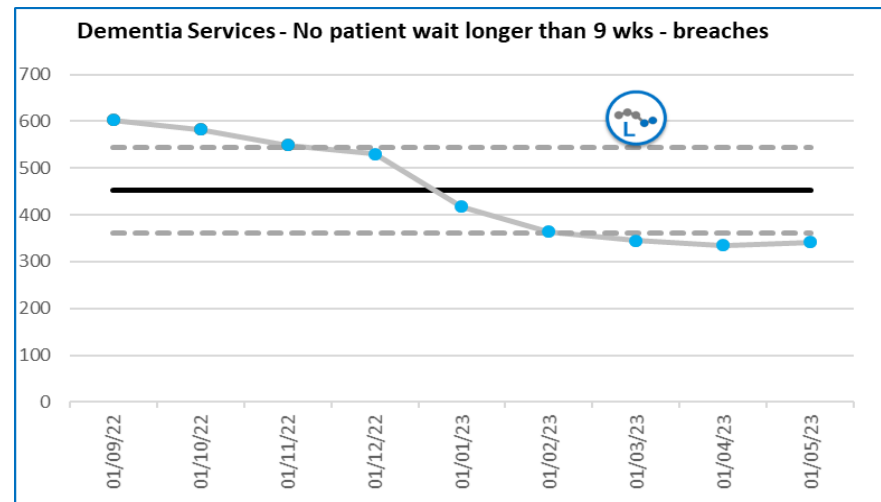
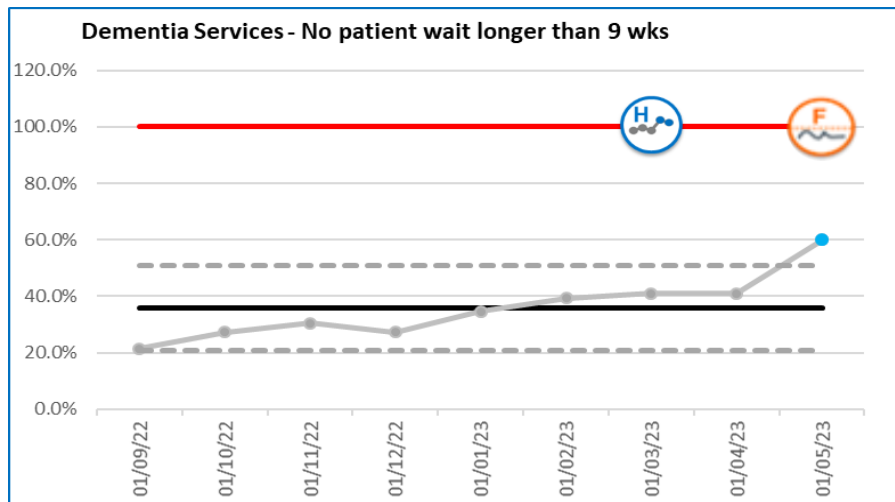
In May 2023, 1,953 New contacts were recorded against an expected trajectory of 1,966. This equates to 99% of expected activity.

Psychological Therapy Review contacts have reduced in May 23 due to:

- Seasonal variation (reduction due to Easter holidays and Bank Holiday) and
- the ending of waiting list initiative (WLI) monies, which had previously funded a number of Bank and agency contracts - this reduced activity will continue due to absence of WLI funds for 2023/24 to date and
- using data from July 2020 onward alters the mean average performance above the activity levels delivered in the pre Covid baseline year 2019.



Dementia Services



Dementia Services: no patient is to wait longer than 9 weeks from referral. This metric is included from the traditional CPD reporting targets. Due to the implementation of new recording method for Dementia Outpatients this performance monitoring is from September 2022.

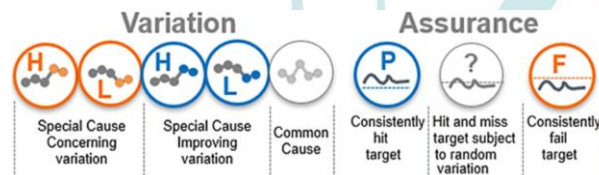
In May 2023 60% of patients were treated within 9 weeks from referral against the 100% target.

In May 2023 60% of patients were treated within 9 weeks from referral against the 100% target, this improving position representing the impact of quality/service improvement measures and the utilisation of all available waiting list initiative funding.

(It should be noted that SPPG have recently engaged with all Trusts regarding how dementia activity and breaches are recorded, recognising that there is a regional lack of consistency as to what constitutes 'treatment'. The outcome of this engagement has not yet been shared.)



South Eastern Health and Social Care Trust



Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust

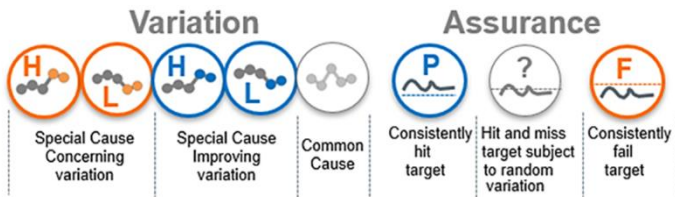


Performance Summary

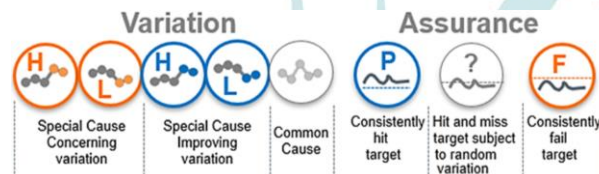
Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

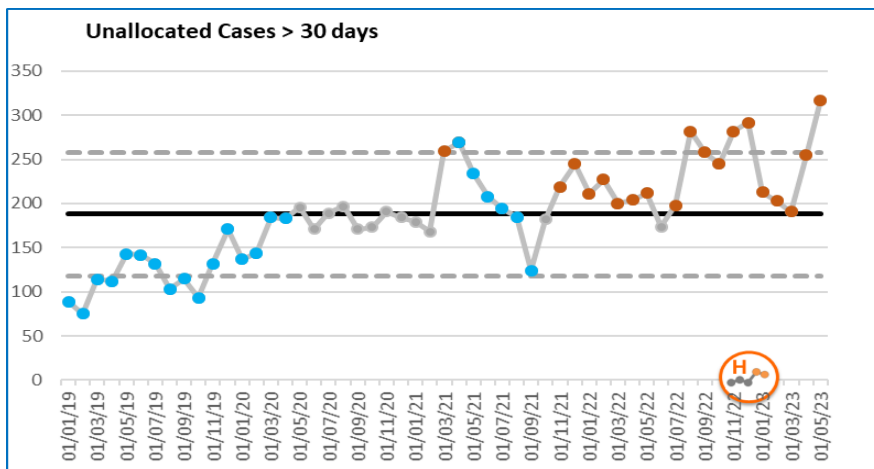
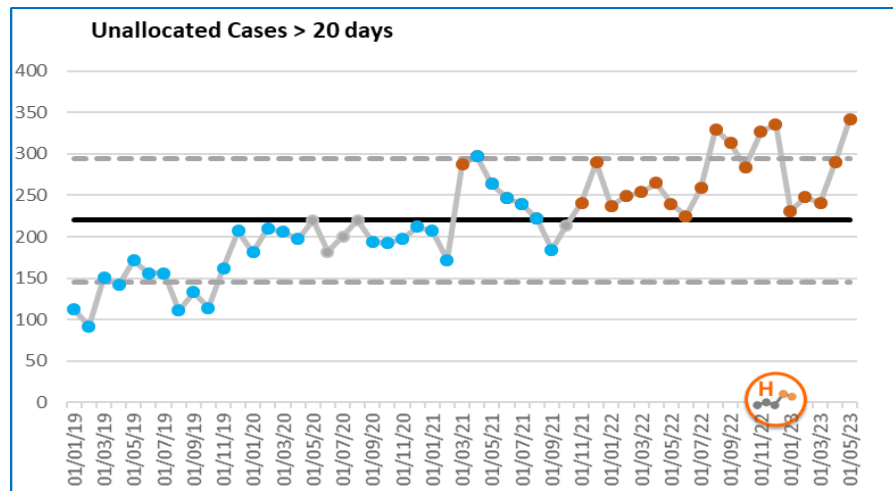
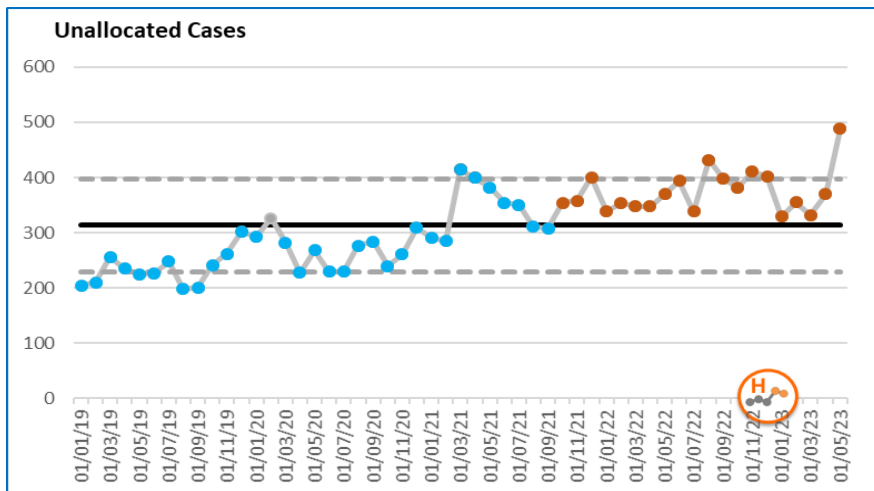
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	May 23	128	-		
Unallocated Cases	May 23	488	-		
Unallocated Cases > 20 days	May 23	342	-		
Unallocated Cases > 30 days	May 23	317	-		
% of review CP case conferences held with 3 months	May 23	100%	85%		
Total reviews held within 3 months	May 23	6	-		
% of subsequent CP case conferences held within 6 months	May 23	92%	89%		
Total subsequent reviews held within 6 months	May 23	22	-		
% of Initial child protection cases conferences held within 15 days	May 23	100%	84%		



Unallocated Cases

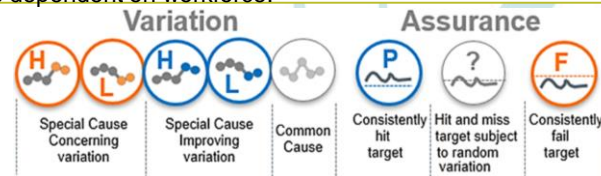


Unallocated cases are taken from the CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children’s Services.

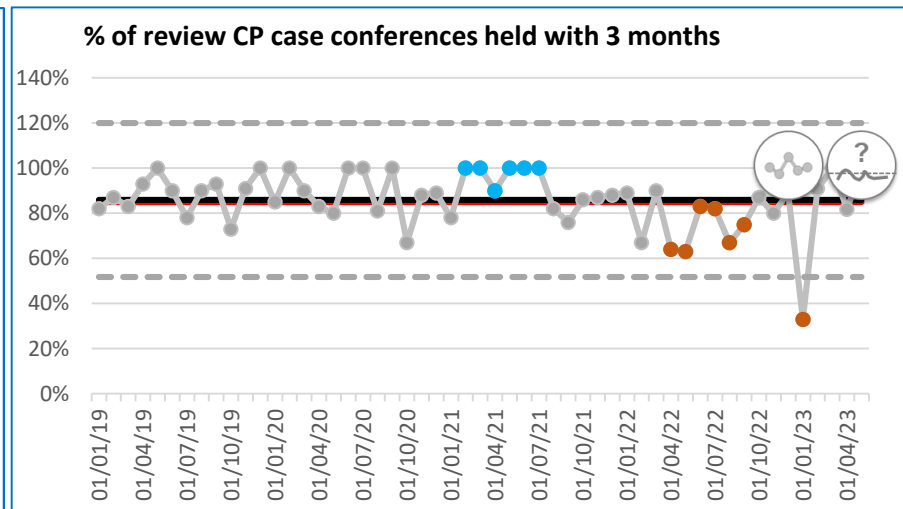
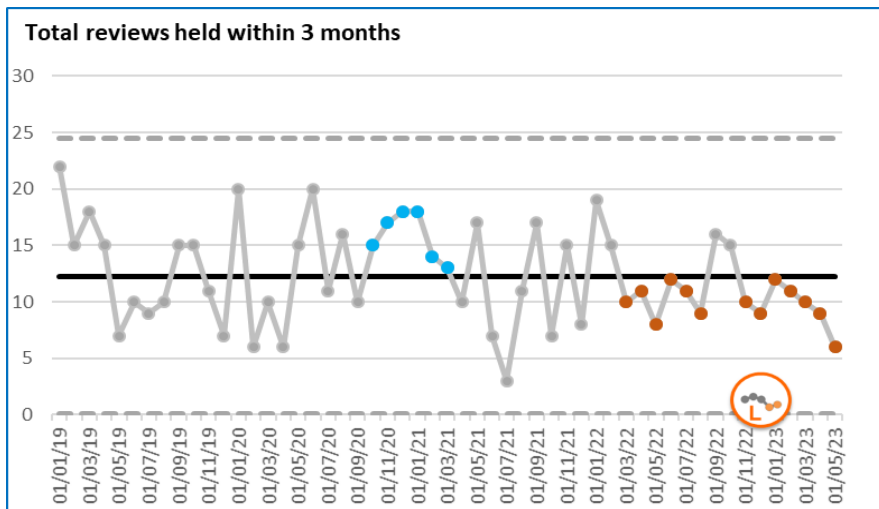
In May 2023 there were 488 unallocated cases with 342 waiting longer than 20 days and 317 waiting longer than 30 days.

Children’s services continue their improvement work in relation to unallocated cases; this work has focused on the scaling up of the Collaborative Unallocated Process (CUP) model, and transformational improvement being developed as part of the restructuring within Children’s Services:

Workforce issues within the Safeguarding & Gateway services are now stabilising due to recruitment efforts, however there is still a requirement to prioritise caseloads to meet Statutory demands of the Services. Whilst the number of unallocated cases is reducing it is important to note that any improvement is dependent on workforce.



Case Conference Reviews



Number and percentage of review child protection case conferences held within 3 months is taken from the Service Delivery Plan monitoring.

In May 2023, six reviews were held within 3 months. 100% of case conferences were held within 3 months against the expected trajectory of 85%.

In Down and Ards sectors, where there have been both case conference chair long term absences and minute taker absences, most Principal Social Work (PSW) posts are now filled however deficits in respect of minute takes are still present. These sectors have action plans in place and are using support from other areas of children's services where possible. Pressures on service delivery are improving as action plans continue to be monitored and reviewed to maximise capacity and performance

