

Integrated Performance Monitoring Report

July 2023

Paper Number: SET/76/23



South Eastern Health
and Social Care Trust

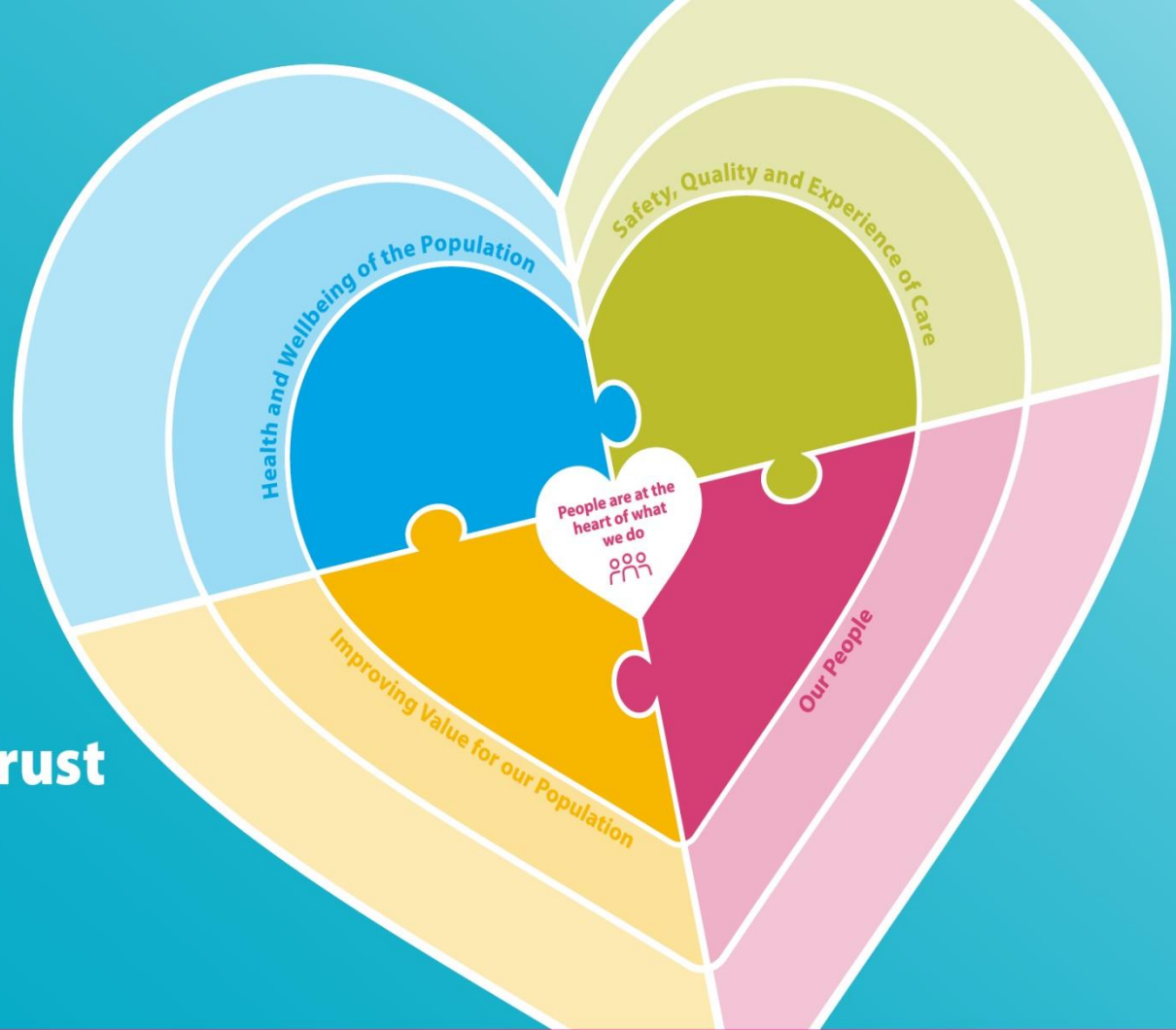




South Eastern Health
and Social Care Trust

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. A full quarter data (April '23 – June '23) was submitted on 7th July 2023 and will continue to be monitored monthly. Version 3 of the 23/24 Service Delivery Plan was received from SPPG on 4 August 2024, this included amendments to metrics and trajectories for monitoring.

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 23/24

Version 3 of the Service Delivery Plan for 23/24 was received on 4 August highlighting further changes or additions to the metrics being monitored

The summary changes from 22/23 and 23/24 are as follows:

- Removal of Adult Day Care, Adult Short Breaks and Domiciliary Care Hours and the introduction of Unmet Need Hours (full and partial packages) for Domiciliary Care and service user direct payments
- Removal of Initial Family Assessments completed for children's social care with the option to re-introduce in the future
- Unallocated cases to be monitored quarterly
- A target related to Directed Statutory Functions to be introduced after July 2023
- Cancer percentage performance in line with ministerial targets to be monitored alongside activity
- Community Nursing addition of percentage compliance with all elements of the Palliative Care Quality Indicator
- Addition of theatre metrics – Theatre scheduled minutes, Theatre OP times
- Addition of Public Health metrics – CDI, MRSA, GNBSI, total antibiotic prescribing, carbapenem use, piperacillin-tazobactam use, use of antibiotics from the WHO Access AWaRe category
- Unscheduled Care 12 Hour Performance
- Weekend Discharges – Simple and Complex

Target trajectories have also been revised depending on the metric, for example:

- 2.5% reduction per quarter in unmet need hours
- 20% reduction of unallocated cases by March 2024
- 110% of 21/22 cancer activity
- Trusts to deliver at least the average elective (planned) theatre minutes delivered in 2018/19 and 2019/20 adjusted where appropriate to reflect new investment



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.

South Eastern Trust performance against trajectories, and new variance levels, for the month of July 2023 is summarised below:

Status against trajectory	Total	% of total SDP Trajectories
Greater than 5%	13	25%
Between 0% & 5%	4	8%
Between -5% & -1%	5	10%
Less than -5%	30	57%
Total	52	



Statistical Process Control

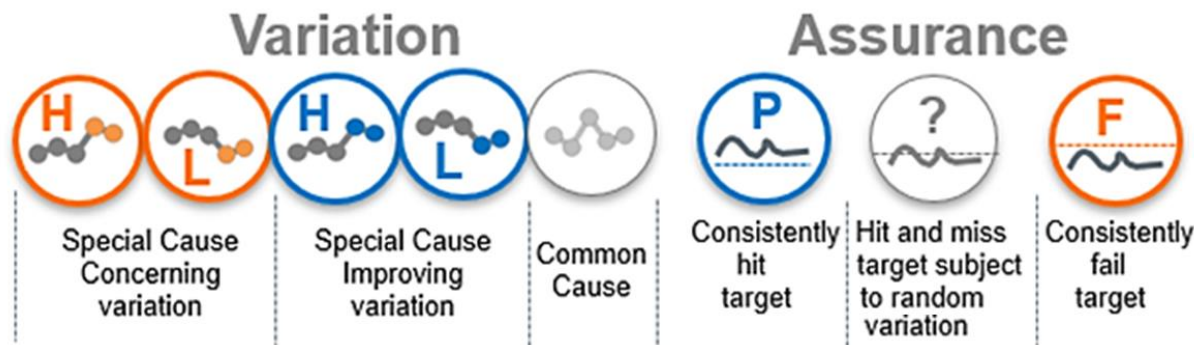
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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
and Social Care Trust



Performance Summary

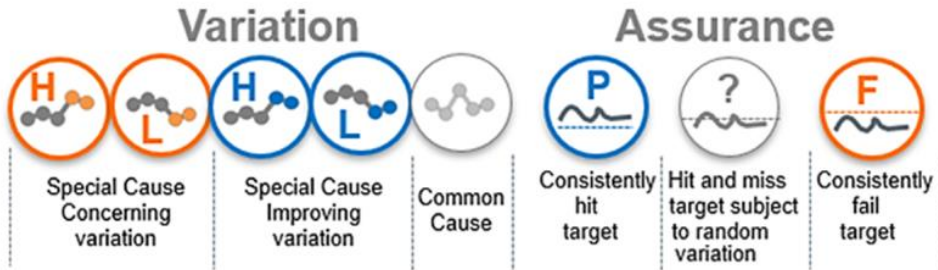
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

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.

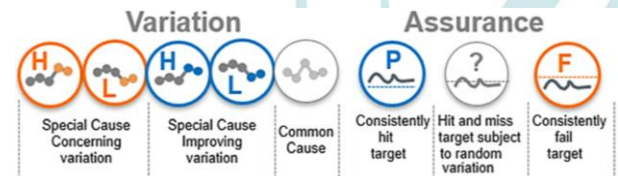
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

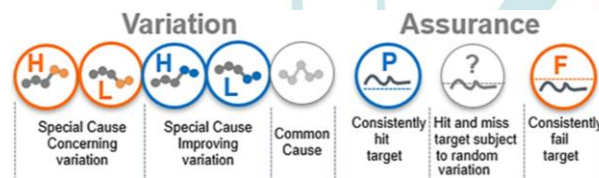
- 4hr % Downe
- 4hr % Ards MIU
- Endoscopy
- CT



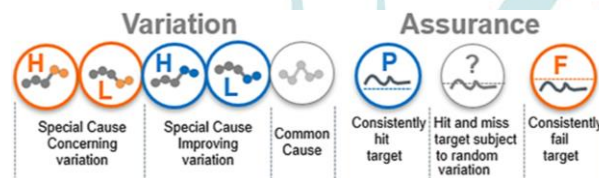
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Jul 23	247	233		
Cancer 31 Day Activity	Jul 23	74	173		
Cancer 62 Day Activity	Jul 23	53.0	79.0		
Cancer 14 Day %	Jul 23	6%	100%		
Cancer 31 Day %	Jul 23	97%	98%		
Cancer 62 Day %	Jul 23	21%	95%		
Attendances - All SET	Jul 23	12590	-		
Attendances - Ulster ED	Jul 23	8625	-		
Attendances - Lagan Valley	Jul 23	1838	-		
Attendances - Downe	Jul 23	1311	-		
Attendances - Ards MIU	Jul 23	816	-		



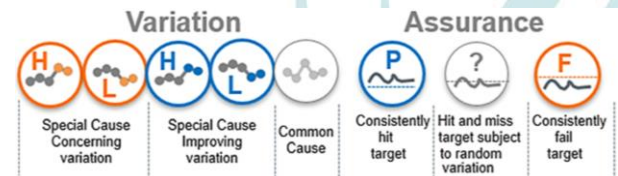
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	Jul 23	59%	95%		
4hr % - Ulster ED	Jul 23	44%	95%		
4hr % - Lagan Valley	Jul 23	81%	95%		
4hr % - Downe	Jul 23	100%	95%		
4hr % - Ards MIU	Jul 23	100%	95%		
12hr Breaches - All SET	Jul 23	1457	-		
12hr Breaches - Ulster ED	Jul 23	1456	-		
12hr Breaches - Lagan Valley	Jul 23	1	-		
12hr Breaches - Downe	Jul 23	0	-		
12hr Breaches - Ards MIU	Jul 23	0	-		
Non-Elective Average Length of Stay	Jul 23	7.7	7.5		



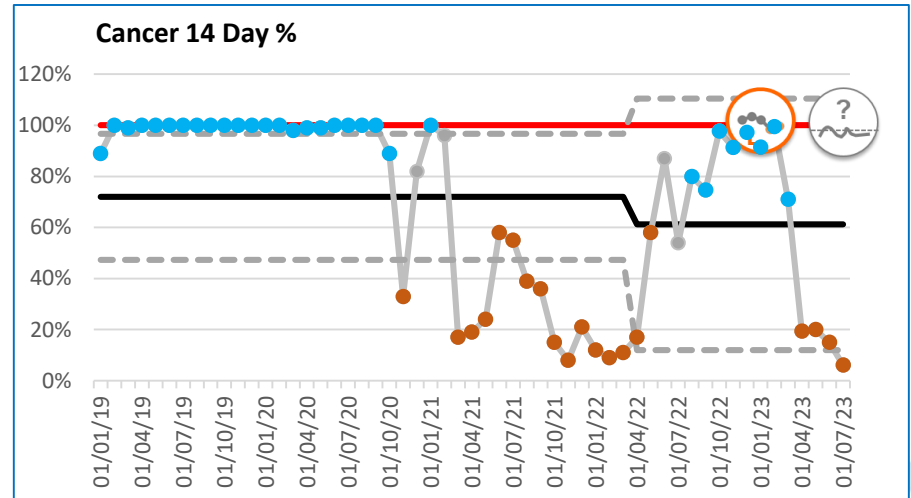
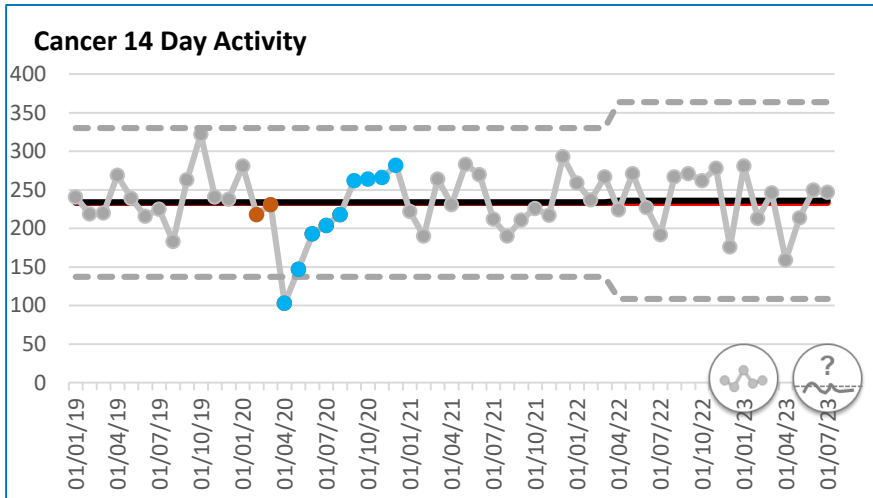
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Jul 23	6076	7816		
Outpatient Contacts New Face to Face	Jul 23	5146	-		
Outpatient Contacts New Virtual	Jul 23	930	-		
Outpatient Contacts Review	Jul 23	11734	11970		
Outpatient Contacts Review Face to Face	Jul 23	8453	-		
Outpatient Contacts Review Virtual	Jul 23	3281	-		
Inpatient Activity	Jul 23	257	337		
Daycase Activity	Jul 23	1394	1781		
Endoscopy - 4 main scopes	Jul 23	705	764		
Cath Labs Procedures	Jul 23	38	60		



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient & Daycase Waits < 13 weeks	Jul 23	26%	55%		
Inpatient & Daycase Waits < 52 weeks	Jul 23	53%	100%		
MRI	Jul 23	1081	1294		
CT	Jul 23	3154	2589		
NOUS	Jul 23	2657	2994		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Jul 23	90	152		
Echo	Jul 23	1071	1033		



Cancer Services 14 Day



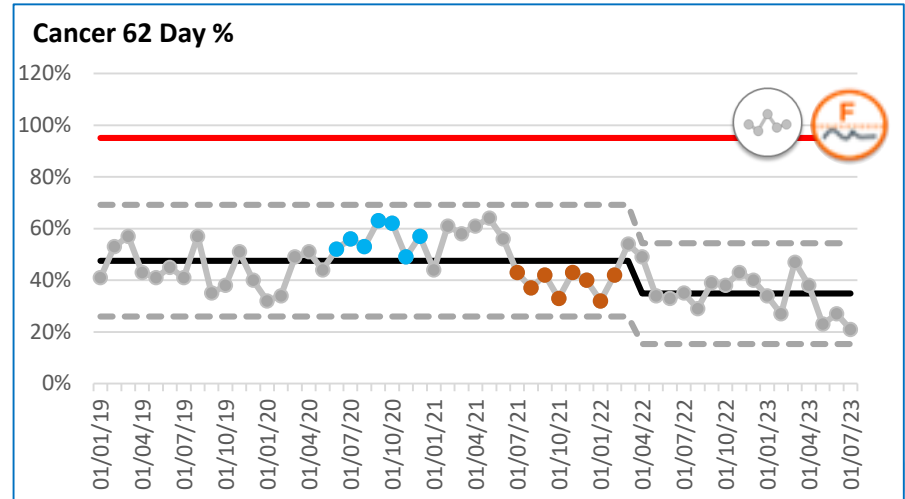
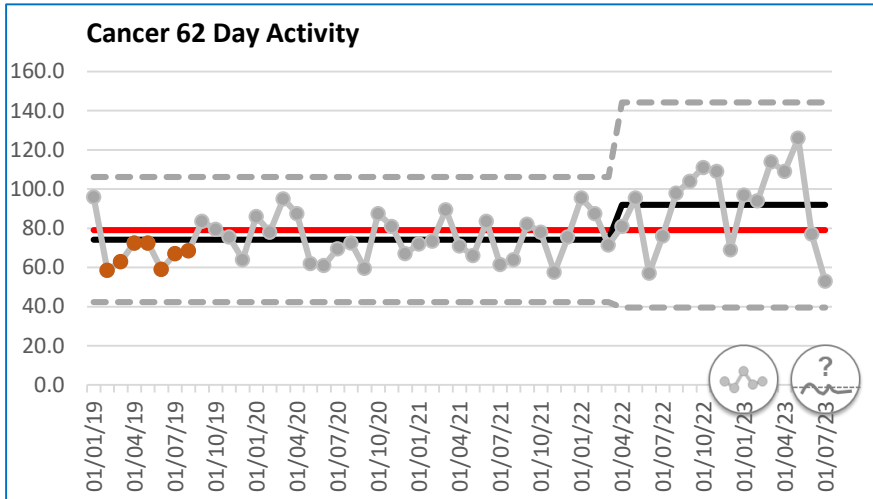
100% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 14 days. The 'Cancer 14 Day Activity' metric relates to the Service Delivery and the 'Cancer 14 Day %' metric relates to traditional CPD target.

In July 2023 6% of patients began treatment within 14 days.

The underperformance in relation to the 14-day breast cancer target is recognised and the team are working on a number of actions to address the challenges. The challenges include:

- Referrals into the breast service has remained higher than usual. The average number of referrals each month has increased from 261 in 2022/23 to 321 in 2023/24, which represents a 23% increase. The service has capacity to deliver circa 55-65 urgent appointments per month
- The bank holidays in April and May combined with unplanned leave in a support service has resulted in a backlog.
- The service is also down 2 consultant surgeons due to sick leave and 1 radiologist to maternity.

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 July 2023 21% of patients began treatment within 62 days.

Activity levels for June and July are still being affected due to delays in pathology. The average number of red flag referrals received each month continues to rise. The average for 2022/23 was 1851, this has increased to 2068 in 2023/24. Tracking team is under significant pressure due to long term sickness and vacant posts. Recruitment currently in progress for tracking team with interviews taking place in August 23. Significant delays in first appointments but work being completed within tumour sites to look at enhanced triage and robust downgrading (Gynae, Urology and Dermatology). Also delays in diagnostics procedures due to demand.

Unscheduled Care

The Journey To and Through the USC Pathway

Quality Improvement within unscheduled care is an ongoing priority. A system eco-mapping project is currently in progress for the Ulster Emergency Department to improve the process from patient arrival to discharge



Utilising Ambulatory Hubs contributes to reducing the need for attendance at the Emergency Department.
No More Silos funded Hubs saw 1013 New and 687 Review attendances in July**



Hospital Admissions are managed to ensure only those patients with a necessity are admitted. On average, there were 7.8 elective inpatients and 78.0 non-elective admission for non-maternity adults daily in July



Patients are staying for the minimum time possible, with an aim to reduce the average Length of Stay.
Length of Stay in July was the 8.2 days for adult non maternity discharges. (elective=4.5 non-elective=8.5)



Discharges are managed quickly and efficiently, with patient safety at the centre of decision making.
In July there were 337 complex discharges, 43.0% of these were delayed less than 48 hour



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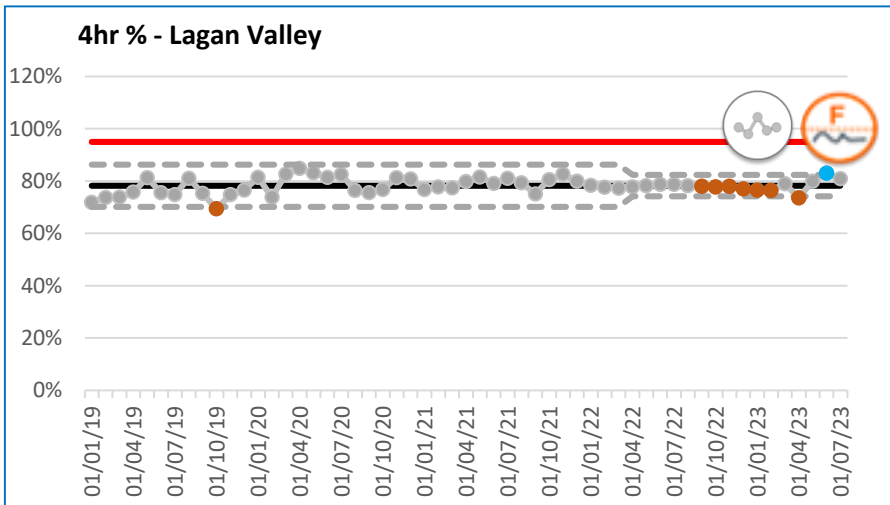
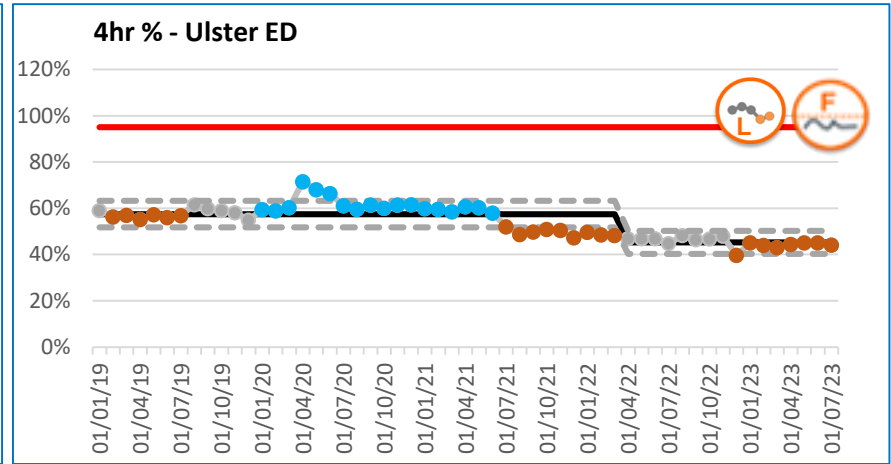
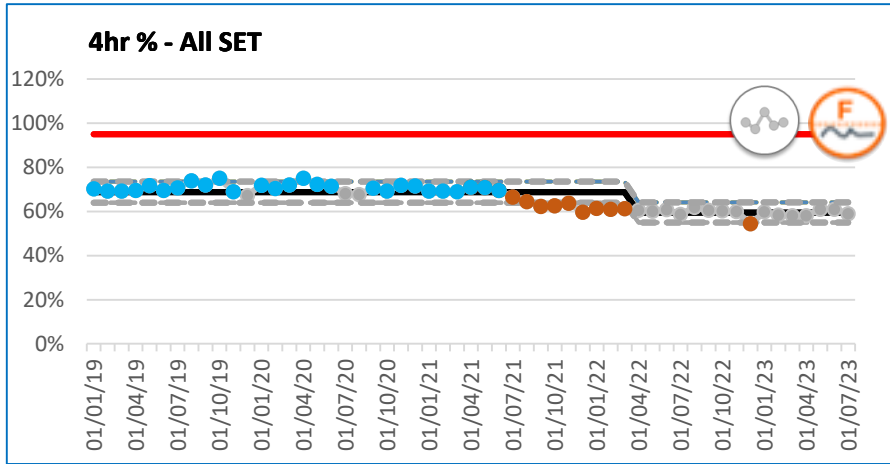
Ambulatory Hub Output

The utilisation of ambulatory hubs contributes to a reduction in the Emergency Department attendance and can assist in facilitating early discharge. The table below presents the hub data for Q1 2023/24. *All detail relating to Ulster Hospital unless indicated

Specialty	Estimated Avoided Admissions	Estimated Early Discharges	Estimated ED avoidance
Acute Hub	54.5	155	68
Cardiology Hub	37.75	426	50
Diabetic Hub	17.25	39	23
Gastro Hub	45.75	267	71
Neurovascular Hub	55.25	26	88
Paediatric Hub	30.8	5	47
Respiratory Hub UH	69.5	147	109
Respiratory Hub LV	30.75	40	52



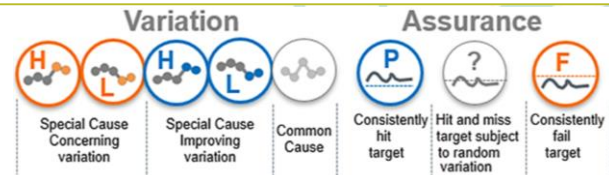
Unscheduled Care



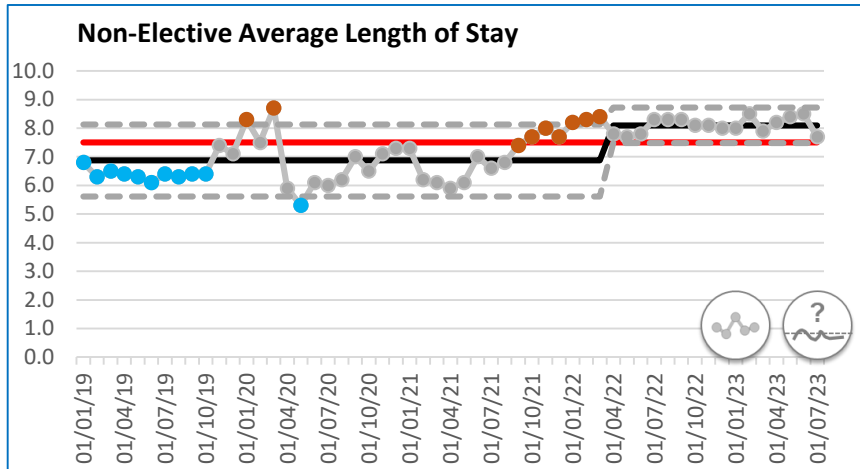
ED 4hr Performance is a CPD metric. 95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. In July 2023 59% of all patients within ED across the South Eastern Trust met the 4 hour target. In the Ulster Hospital ED the figure was 44% and in Lagan Valley 81%.

4 Hour performance remains a challenge at the Ulster site with significant overcrowding caused by continued high length of stay. Length of stay is impacted by the increase in complexity of patients and subsequent challenges in discharging people when medically fit. Throughout July ED continued to see high levels of mental health presentations with complex onward care needs.

Regionally, across the 5 main EDs the Ulster ED had the best 4-hour performance for assessing and discharging patients who can go home. Although we continue to recognise the need for ongoing improvement.

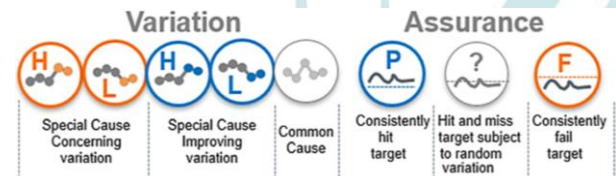


Non-Elective Length of Stay

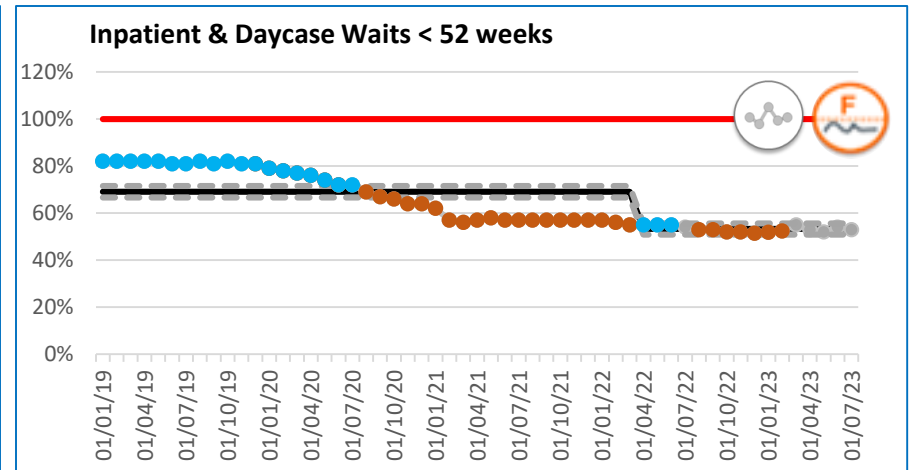
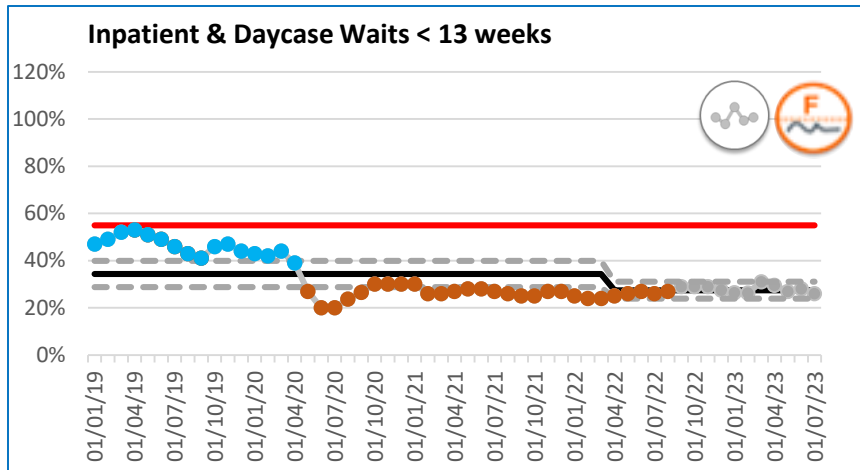


Non-elective average length of stay for the Ulster hospital is a Service Delivery Plan metric. In 2019 (Jan-Dec) average length of stay was 7 days, current rolling 12 month length of stay is 8 days, July 2023 length of stay is 7.7 days

A Business Intelligence app has been developed to monitor Length of stay in real-time. The hospital Services director regularly reviews this with clinical staff



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 July 2023 26% of patients waited less than 13 weeks against the 55% target. 53% of patients waited less than 52 weeks against a target of 100%.

The Trust continue to experience high levels of demand for inpatient and daycase procedures. This level of demand is not matched by capacity and has resulted in prolonged waits.

Safety, Quality and Experience of Care

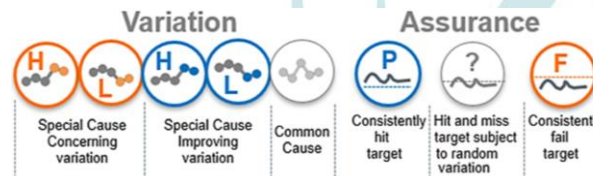
HEALTHCARE ACQUIRED INFECTIONS



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>2023/24: CDI: 2 < 48 hours : 30 > 48 hours</p> <p>MRSA: 1 < 48 hours, : 2 > 48 hours</p> <p>Gram Negative Bacteraemias Reportable only if >48hrs</p> <p>Ecoli :27 Pseudo. Aeruginosa : 2 Klebsiella Oxytoca : 2 Klebsiella Pneumoniae: 6</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 July</th> <th>April - July Episodes</th> </tr> </thead> <tbody> <tr> <td>C.difficile</td> <td>55</td> <td>75</td> <td>55</td> <td>4.58</td> <td>8</td> <td>32</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>8</td> <td>5</td> <td>0.42</td> <td>0.75</td> <td>3</td> </tr> <tr> <td>All Gram Negative</td> <td>39</td> <td>73</td> <td>39</td> <td>3.25</td> <td>9.25</td> <td>37</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 July	April - July Episodes	C.difficile	55	75	55	4.58	8	32	MRSA	5	8	5	0.42	0.75	3	All Gram Negative	39	73	39	3.25	9.25	37	
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Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
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Performance Summary

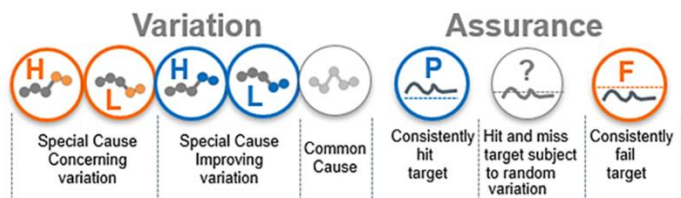
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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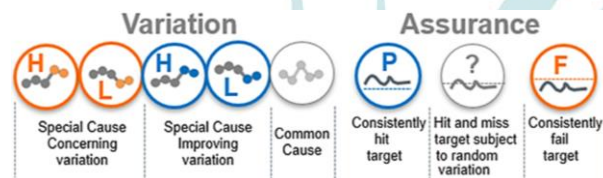
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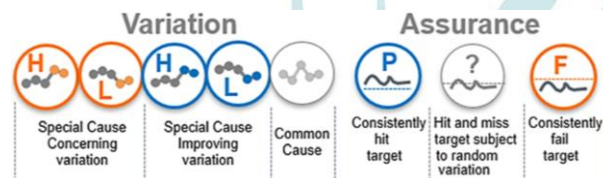
- CDS Contacts – Review
- Speech and Language Therapy – New Contacts
- Podiatry New Contacts
- Podiatry >13 week waits
- Speech and Language Therapy Adults – Number on Waiting List
- Speech and Language Therapy Adults - >13 week waits
- Speech and Language Therapy Children – Number on Waiting List


















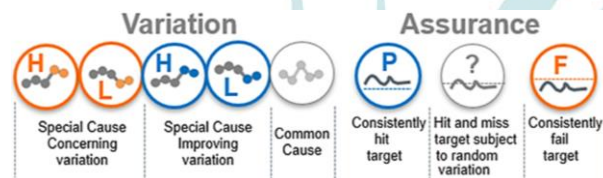
KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Jul 23	207	241		
CDS Contact Review	Jul 23	858	921		
Complex Discharges (n)	Jul 23	338	-		
Complex Discharges < 48hrs - All SET	Jul 23	43%	90%		
Complex Discharges < 7 days	Jul 23	76%	100%		
Dom Care Hours Delivered Stat	Jun 23	62447	-		
Dom Care Hours Delivered Ind	Jun 23	307900	-		
AHP < 13 weeks	Jul 23	65%	100%		
District Nursing Contacts	Jul 23	19333	22877		
District Nursing Compliance with SSKIN Bundle for Pressure Ulcers	May 23	93%	100%		
District Nursing Compliance with all elements of MUST	May 23	85%	100%		
CDS General Anaesthetic Ulster	Jul 23	55	75		



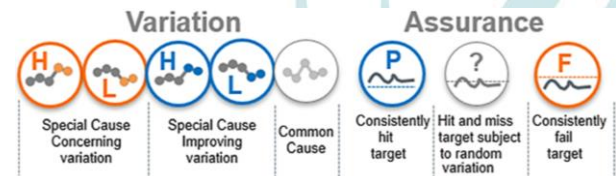
KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Jul 23	434	280		
Speech & Language Therapy Review Contacts	Jul 23	2173	1912		
Physio New	Jul 23	1939	2214		
Physio Review	Jul 23	5325	6366		
Occupational Therapy New	Jul 23	826	1101		
Occupational Therapy Review	Jul 23	2499	2499		
Dietetics New	Jul 23	694	737		
Dietetics Review	Jul 23	998	1039		
Orthoptics New	Jul 23	144	139		
Orthoptics Review	Jul 23	182	288		
Podiatry New	Jul 23	602	571		
Podiatry Review	Jul 23	2396	3470		



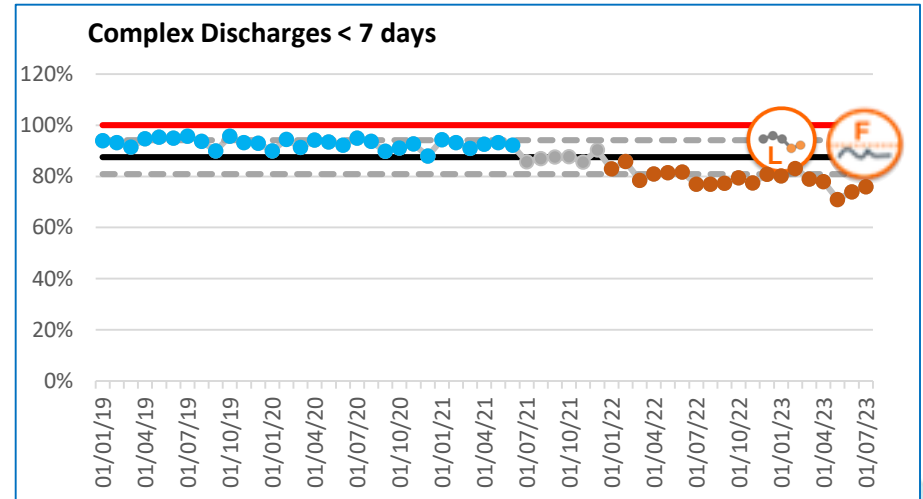
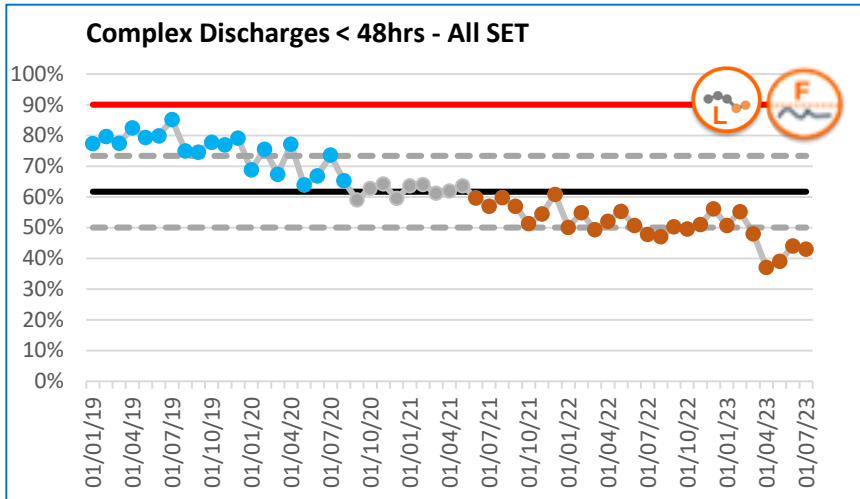
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Jul 23	2305	-		
Occupational Therapy >13 Week Waits	Jul 23	1033	0		
Orthoptics Number on WL	Jul 23	513	-		
Orthoptics >13 Week Waits	Jul 23	90	0		
Podiatry Number on WL	Jul 23	1646	-		
Podiatry >13 Week Waits	Jul 23	353	0		
Physiotherapy Number on WL	Jul 23	7767	-		
Physiotherapy >13 Week Waits	Jul 23	3134	0		
Dietetics Number on WL	Jul 23	1895	-		
Dietetics >13 Week Waits	Jul 23	528	0		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Jul 23	698	-		
Speech and Language Therapy Adult >13 Week Waits	Jul 23	168	0		
Speech and Language Therapy Child Number on WL	Jul 23	306	-		
Speech and Language Therapy Child >13 Week Waits	Jul 23	62	0		



Complex Discharges



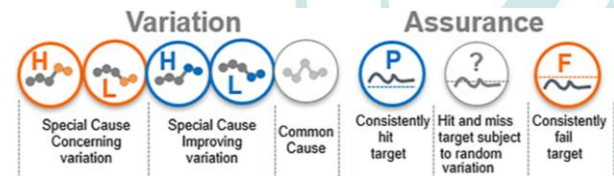
90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds.

In July 2023 43% of complex discharges were completed within 48 hours against the 90% target. 76% of complex discharges were completed within 7 days against a target of 100%. There were 338 complex discharges in July 2023.

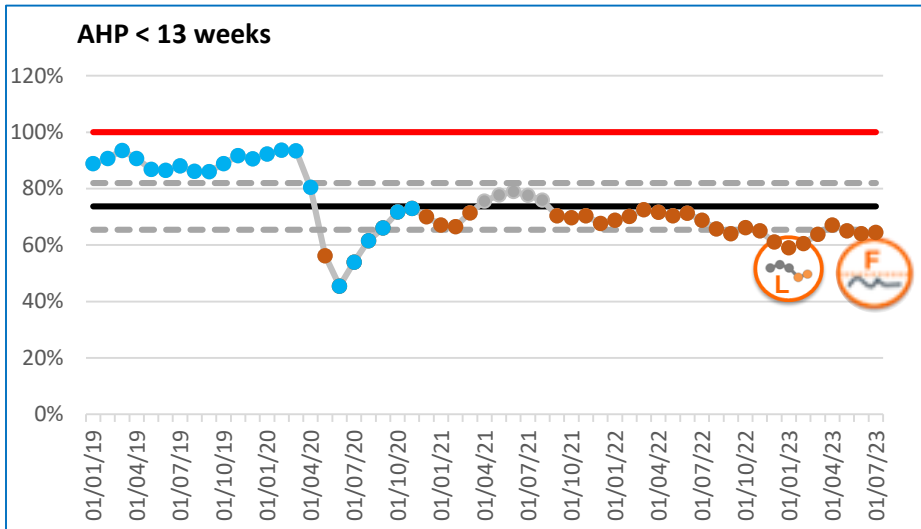
Ongoing challenges in regards to care home availability, specifically dementia nursing and residential beds.

Complexity of patients impacting on patient acceptance e.g. issues relating to risk management, delirium and change of permanent placement.

Ecomap change drivers identified for service improvement, service continue to - prioritise hospital discharges, review and reduce community unmet need, manage demand and capacity. Plan is to review of block contracts with a view to decrease unmet need by 10% and increase block to approx. 6000 per week



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.

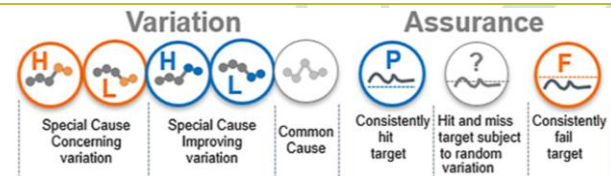
In July 2023 65% of patients received treatment within 13 weeks against the 100% target. Breakdown by specialty is shown in the summary table.

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.

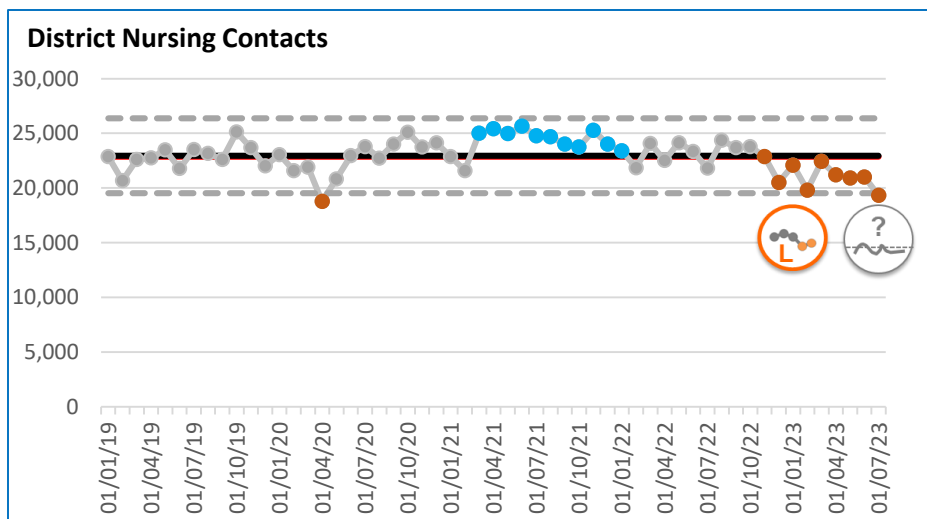
A significant number of vacant posts a major factor limiting activity. 11% of all AHP Posts were Vacant at end of June 2023; in July; 48.7WTE Mat leave + 24.72WTE long term sick leave.

Encompass meetings and training will significantly impact performance from M4 reducing activity further between 12- 18%

****Of Note:** A significant number of additional Children with SEN will be added to AHP caseloads from September 2023. The need for this support is recognised as a health and Social Care (HSC) statutory responsibility. No additional resource has been identified to meet this increased demand. This has been escalated to SPPG.



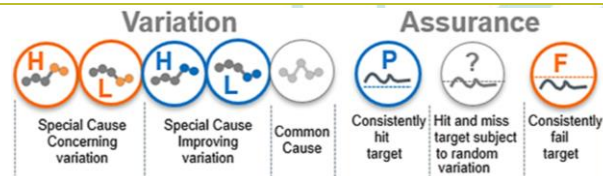
District Nursing Contacts



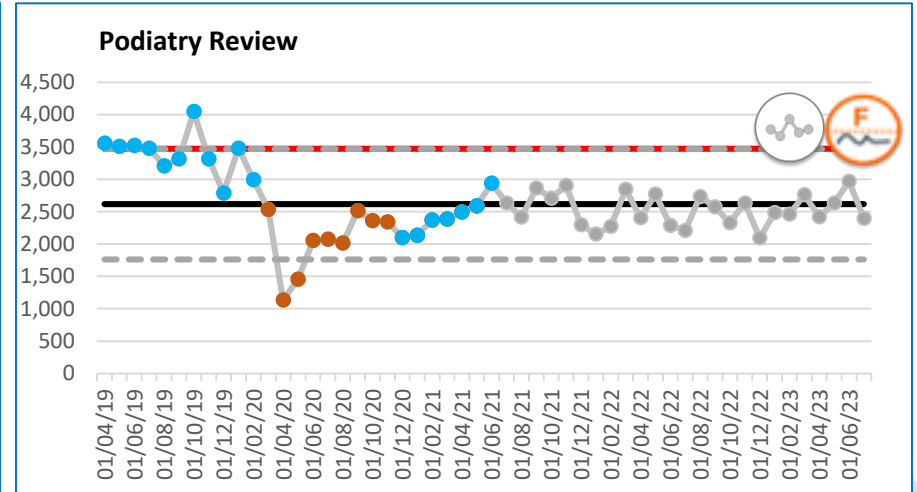
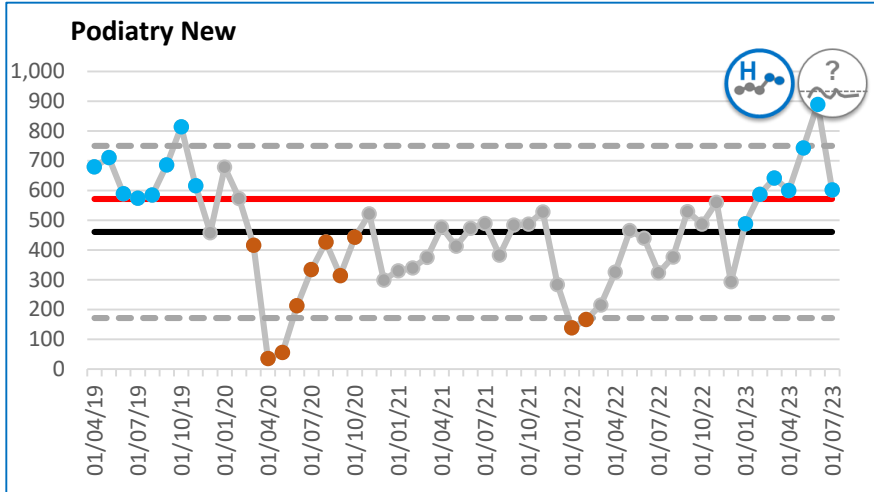
District Nursing Contacts are monitored as part of the Service Delivery Plan.

In July 2023 there were 19,333 district nursing contacts against an expected trajectory of 22,877.

There is no waiting list for the service and no unmet need. Referrals are triaged in accordance with regional District Nursing criteria



Podiatry Contacts

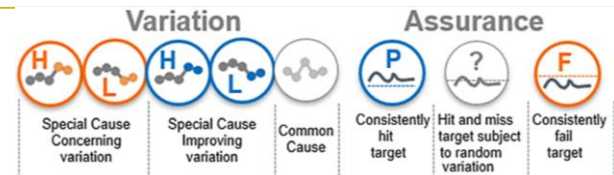


Podiatry Contacts, New and Review, are monitored as part of the Service Delivery Plan.

July 2023 recorded 602 new contacts against an expected trajectory of 571 equating to 105%. July 2023 recorded 2,396 review contacts against an expected trajectory of 3,470. This equates to 69% of expected activity.

A number of performance initiatives have been put into place to address the significant backlog of cases caused by an increase in complexity of some cases. These include:

- The introduction of monthly waiting list high volume/low risk new assessment blitz clinics for all staff
- Increased Skill mix and use of non professional assistant staff working under the supervision of a Podiatrist to provide low risk new patient screening appointments for people with diabetes.
- Moving staff location across the trust to ensure equitable waiting times
- Waiting list validation by telephone/letter
- Provision of additional clinics staffed through additional hours to increase activity/performance prior to the expected downturn caused by 12hours + 3 hours / week training for encompass. These measures have seen a reduction in the podiatry waiting list of 780 patients since April and a reduction in the referrals breaching the 13 week target by 800 in the same timeframe



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
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Performance Summary

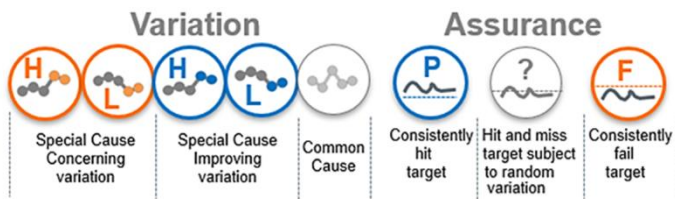
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.

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.

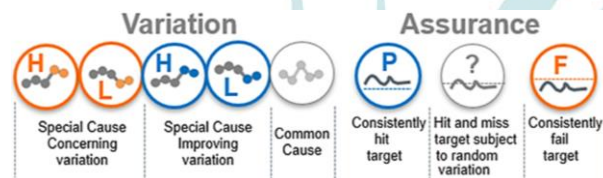
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

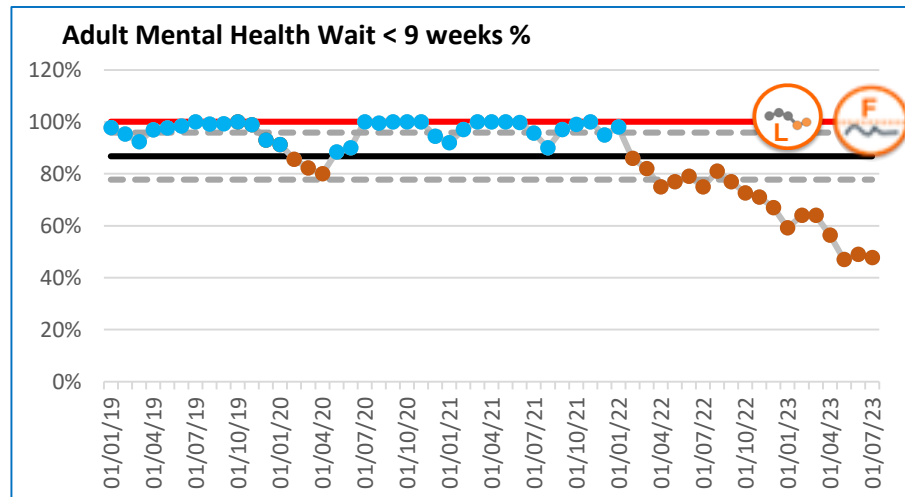
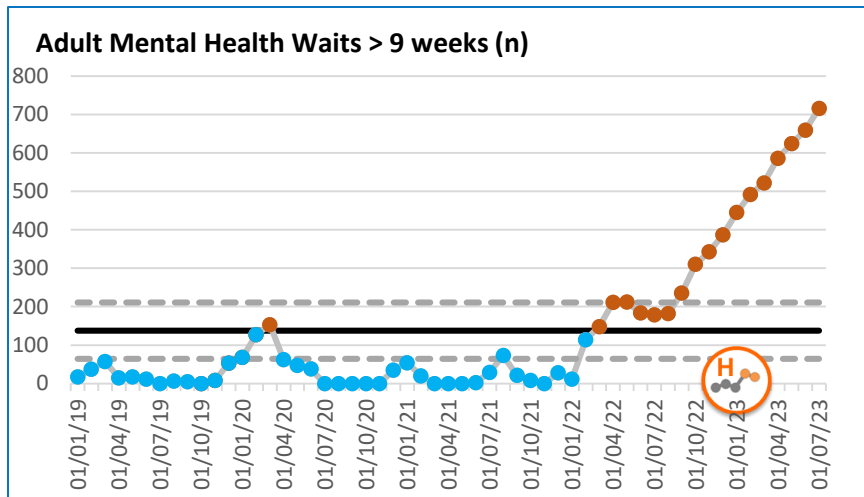
- Adult Day Care Attendances
- Dementia Services – waits
- Dementia Services – breaches



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Jul 23	716	-		
Adult Mental Health Wait < 9 weeks %	Jul 23	48%	100%		
Adult Mental Health Non-Inpatient New	Jul 23	726	769		
Adult Mental Health Non-Inpatient Review	Jul 23	5858	5601		
Adult Day Care Attendances (Adult Disability and Older People)	Jul 23	5601	-		
Psychological Therapies - New Contacts	Jul 23	131	116		
Psychological Therapies - Review Contacts	Jul 23	1859	1726		
Dementia Contacts New	Jul 23	111	142		
Dementia Contacts Review	Jul 23	765	708		
Dementia Services - No patient wait longer than 9 wks	Jul 23	40.1%	100.0%		
Dementia Services - No patient wait longer than 9 wks - breaches	Jul 23	385	-		



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.

July 2023 recorded 716 patients waiting more than the 9 week target. In July 2023, 48% of patients waited less than 9 weeks against the 100% target.

In addition to ongoing workforce pressures associated with the Mental Health Assessment Centre in Ards, which has been extensively reported, annual leave has impacted on capacity to deliver new contacts in July. It should be noted that MHAC has only 8 staff at present

Mitigations in place: 3 bank staff extra working at weekends doing 3 assessments each

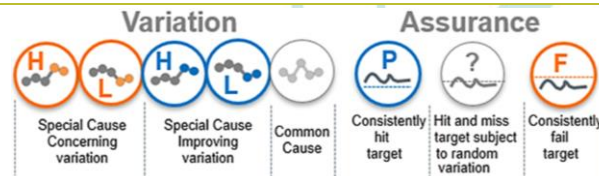
Community Mental Health staff are now back working on a rota basis in the Assessment Centre

The team are writing to top 50 people waiting and asking if they would be willing to attend a short notice appointment (when they work through these 50 people they will then write to the next 50 and so on)

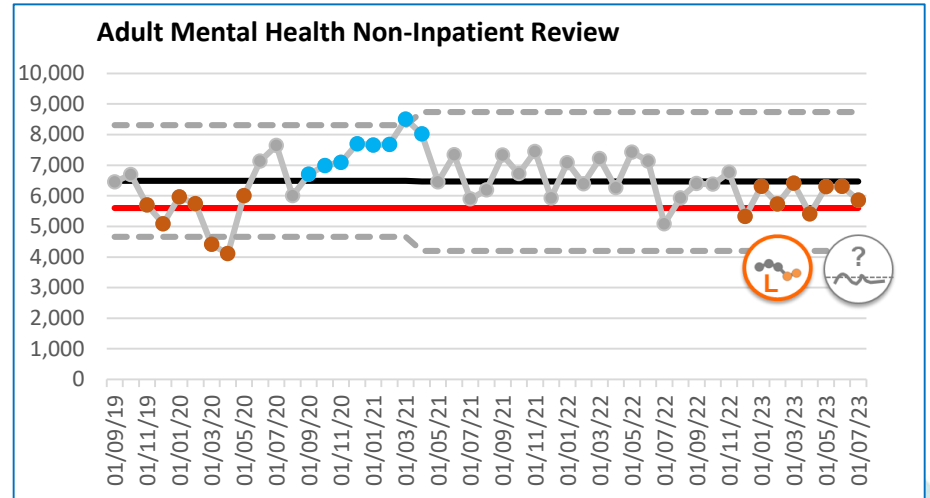
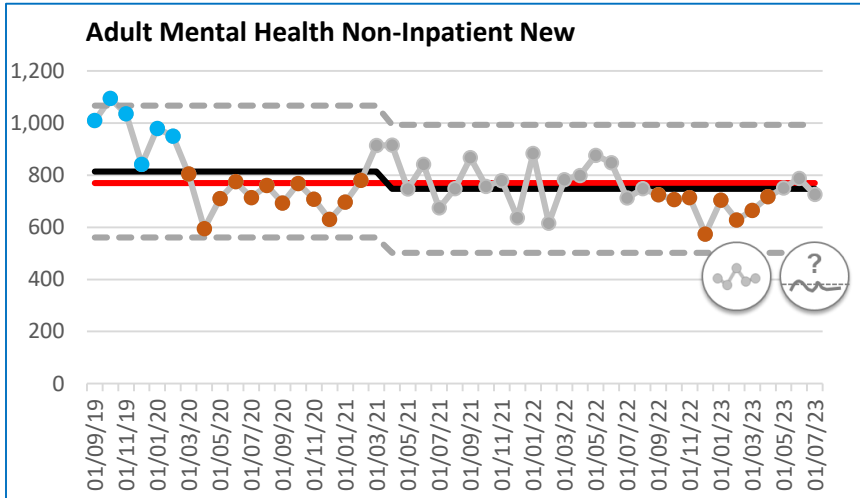
All people on the waiting list are having a check-in call, being asked if they wish to remain on the waiting list and/or are being referred on to voluntary services



South Eastern Health and Social Care Trust



Adult MH Non-Inpatient

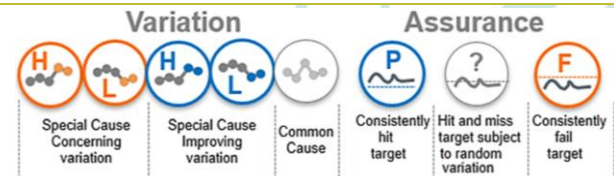


Adult Mental Health Non-inpatient new contacts is a metric monitored as part of the Service Delivery Plan.

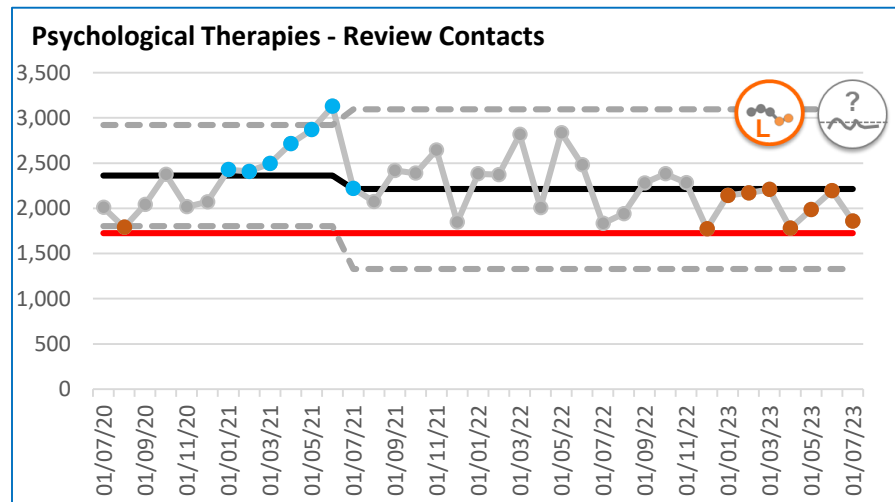
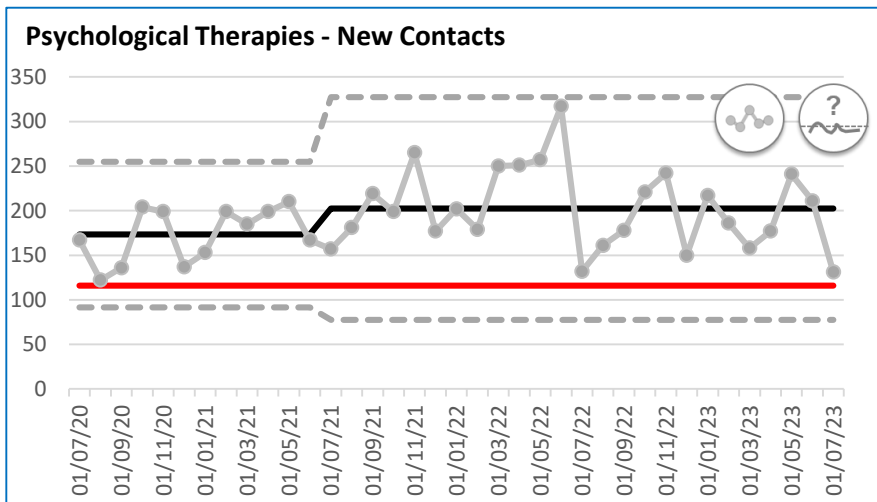
In July 2023, 726 new contacts were recorded against an expected trajectory of 769, equating to 94%.

In July 2023, 5,858 Review contacts were recorded against an expected trajectory of 5,604. This equates to 105% of expected activity

Of note: despite pressures productivity/activity has increased on July 22/23 figures (712 new contacts) =108% of previous target as part of an improving trajectory



Psychological Therapies



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

In July 2023, 131 new contacts were recorded against an expected trajectory of 116, equating to 113%.

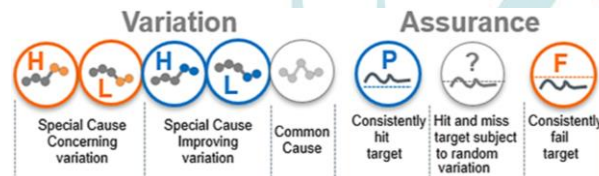
In July 2023, 1,859 review contacts were recorded against an expected trajectory of 1,726. This equates to 108% of expected activity.

Continue to deliver a higher level of Service than target level delivered in 2019/20.

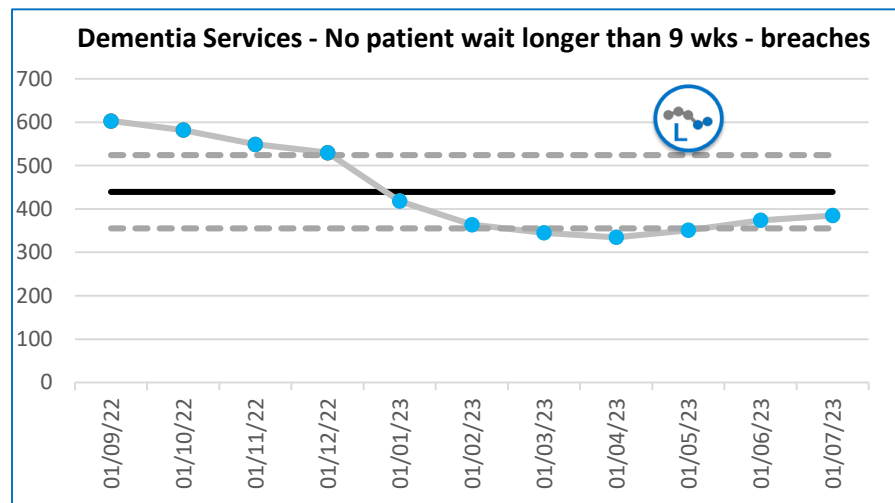
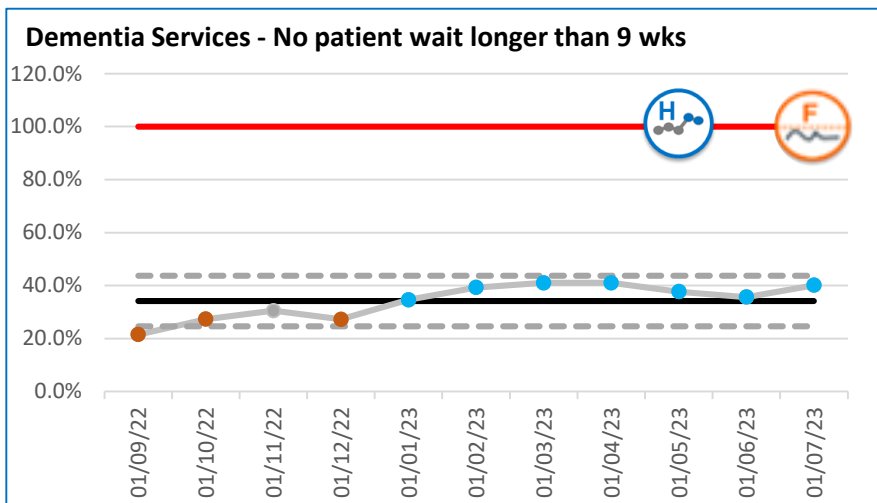
The rate of over-delivery is reducing due to the withdrawal of WLI activity and the subsequent downturn in clinics. Some residual additional activity due to treatment tails of clients commenced service in 2022/23



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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.

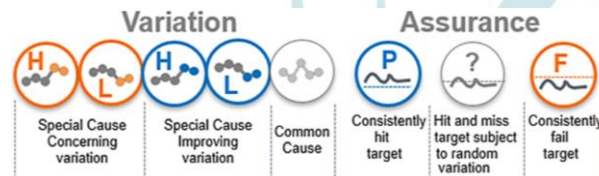
In July 2023 40% of patients were treated within 9 weeks from referral against the 100% target.

With the cessation in waiting list initiative (WLI) and the subsequent loss of medical posts, coupled with annual leave, and staff shortages in the Community Mental Health Teams, this comparative downturn in activity has been anticipated. Recruitment solutions are ongoing across all areas, where possible. Of note: despite these pressures productivity/ activity has significantly increased on July 22/23 figures (82=67%) as part of an improving trajectory towards an ambitious target.

A Quality Improvement (QI) pilot initiative to address Could Not Attend/ Did Not Attend (CNA/DNA) rates for patients with Dementia, is underway with the support of Volunteer Services



South Eastern Health and Social Care Trust



Safety, Quality and Experience of Care

CHILDREN'S SERVICES



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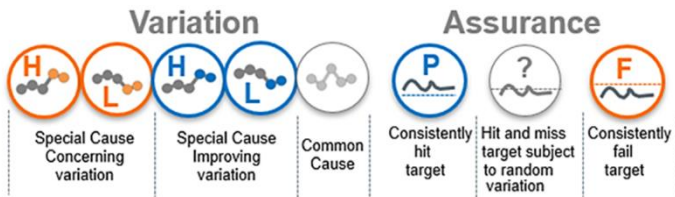


Performance Summary

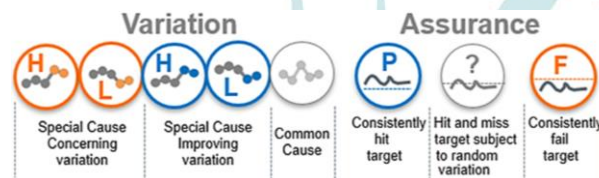
Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

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.

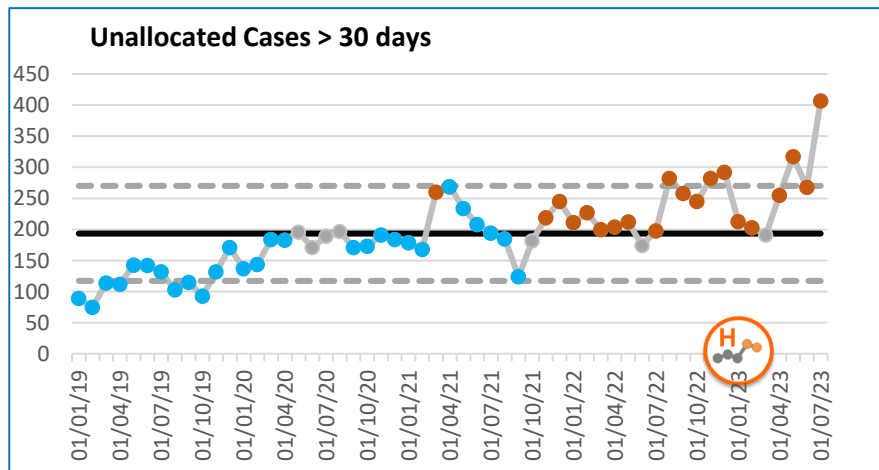
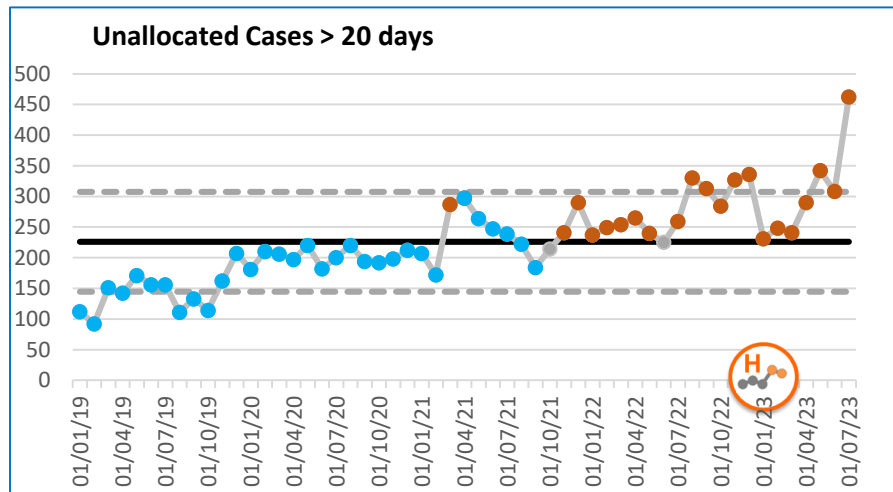
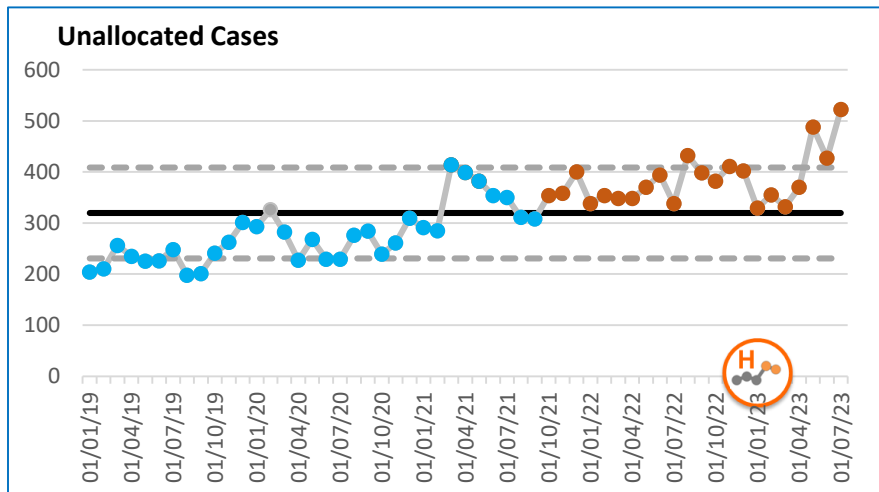
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Jul 23	100	-		
Unallocated Cases	Jul 23	522	-		
Unallocated Cases > 20 days	Jul 23	462	-		
Unallocated Cases > 30 days	Jul 23	407	-		
% of review CP case conferences held with 3 months	Jul 23	100%	85%		
Total reviews held within 3 months	Jul 23	8	-		
% of subsequent CP case conferences held within 6 months	Jul 23	100%	89%		
Total subsequent reviews held within 6 months	Jul 23	15	-		
% of Initial child protection cases conferences held within 15 days	Jul 23	92%	84%		

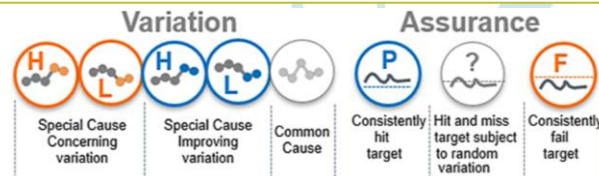


Unallocated Cases

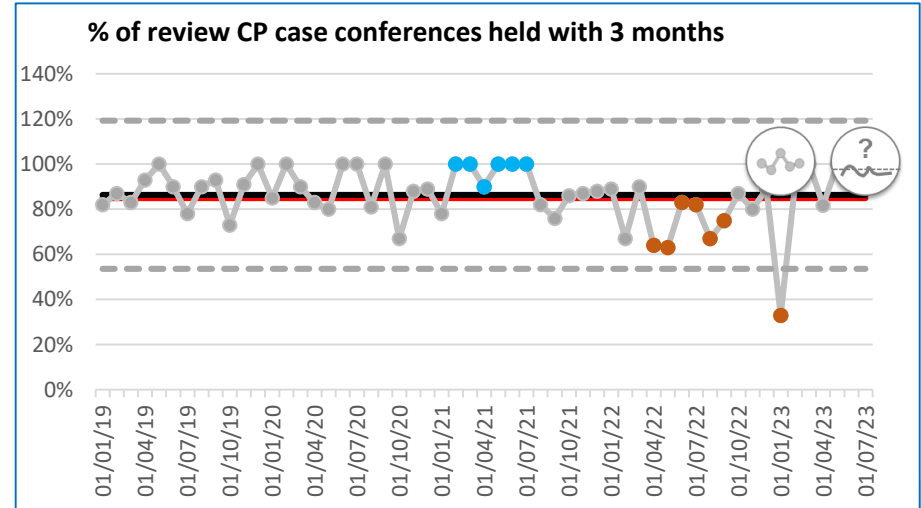
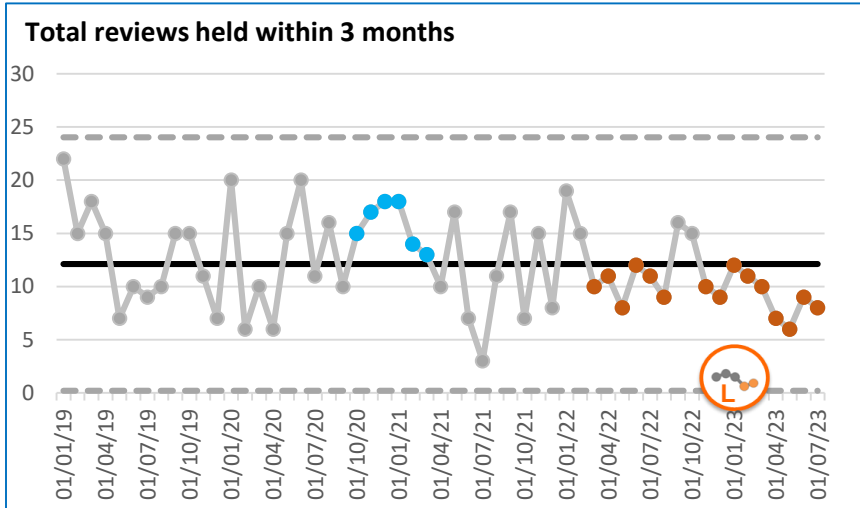


Unallocated cases are taken from the CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children’s Services.
In July 2023 there were 522 unallocated cases with 462 waiting longer than 20 days and 407 waiting longer than 30 days.

There is an ongoing improvement effort in relation to unallocated cases, with further implementation of the CUP process model and transformative improvements being introduced as part of the Children’s services restructuring. There remains a need to prioritise workloads in order to meet the legal requirements of the services, however recruitment efforts have helped to stabilise workforce concerns in the Safeguarding and Gateway teams.



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 July 2023, eight 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 there are ongoing absences among case conference chairs and minute takers. Support is being sought from other areas of children's services to alleviate this, and action plans are being reviewed and monitored to optimise capacity and performance.

