

Integrated Performance Monitoring Report

December 2022

Paper Number: SET/08/23



South Eastern Health
and Social Care Trust

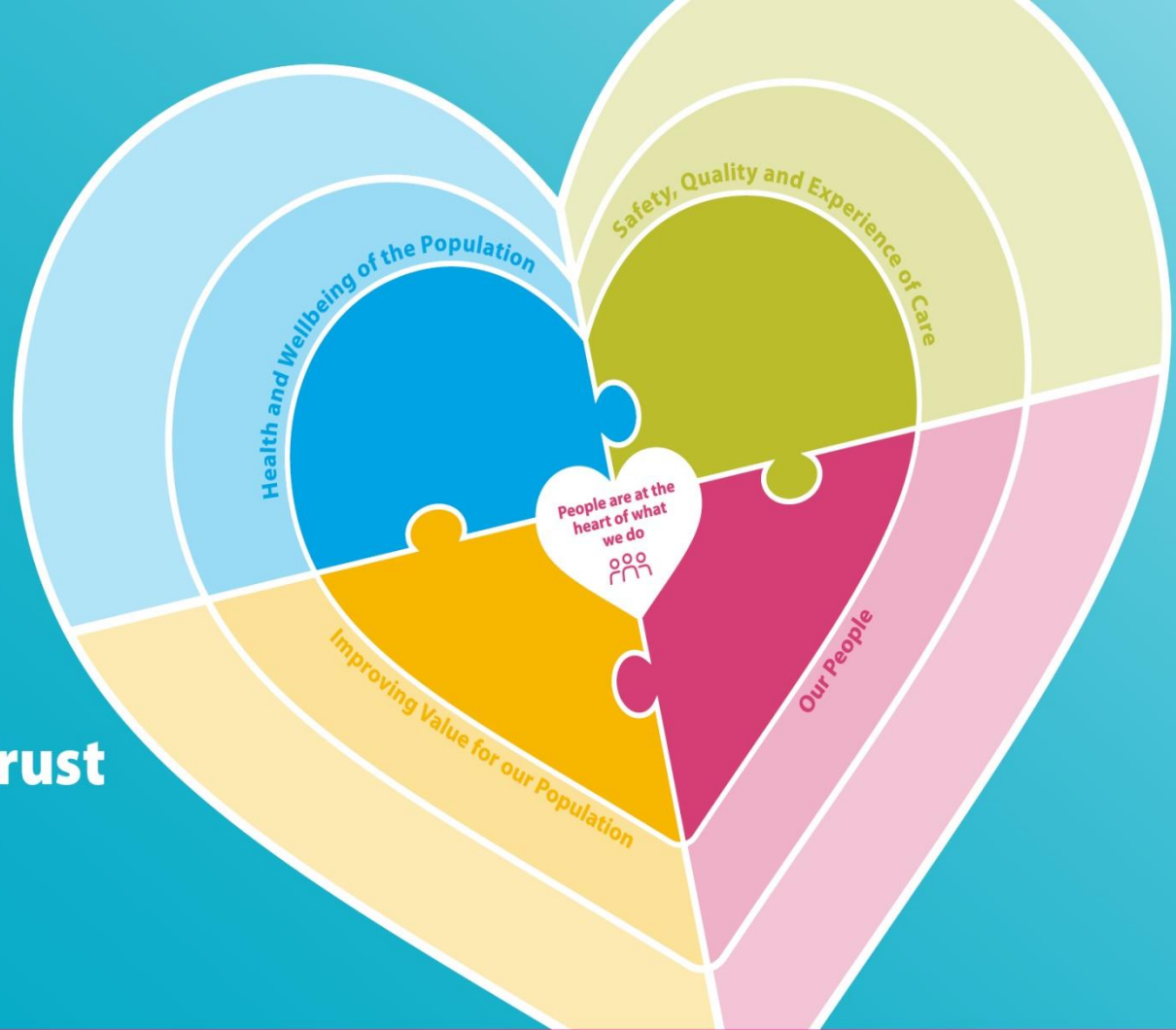




South Eastern Health
and Social Care Trust

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 in December 2022 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). By the end of March 2023 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

Areas within the Service Delivery Plan which have been identified as having challenging trajectories are included in the main body of the report.

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 tabled at the monthly 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 December 2022 is summarised below:

Status against trajectory	Total	% of total SDP Trajectories
Greater than 5%	12	26%
Between 0% & 5%	3	6%
Between -5% & -1%	1	2%
Less than -5%	31	66%
Total	47	

- **5 of 52 metrics not updated:
- Community Nursing – SSKIN & MUST – SPPG to provide data
- Adult Short Breaks – Quarterly
- Biologics > 12wks and Disease Modifying for MS > 13wks – comments returned to SPPG re service investment requirement for monitoring



Statistical Process Control

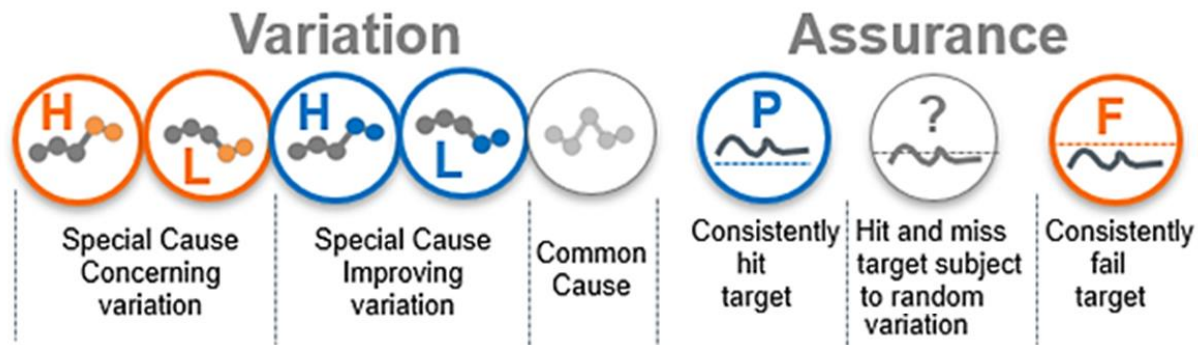
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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



Elective Waiting Times

Specialty	Suspect Cancer/Red Flag OP Position December 2022	Routine Outpatient Position December 2022	Inpatient & Daycase Position December 2022
Symptomatic Breast Clinic	2 weeks	18 weeks	
Cardiology	N/a	184 weeks	52 + weeks
Dermatology	4 weeks	350 weeks	52 + weeks
ENT	5 weeks	289 weeks	52 + weeks
General Medicine/Gastroenterology	10 weeks	262 weeks	52 + weeks
General Surgery	7 weeks	190 weeks	52 + weeks
Geriatric Medicine	2 weeks	52 weeks	52 + weeks
Gynaecology	16 weeks	338 weeks	52 + weeks
Haematology	2 weeks	164 weeks	
Nephrology	N/a	72 weeks	52 + weeks
Neurology	N/a	339 weeks	
Maxillo Facial	4 weeks	311 weeks	52 + weeks
Paediatrics	2 weeks	150 weeks	52 + weeks
Paediatric Surgery	2 weeks	9 weeks	52 + weeks
Pain Management	N/a	158 weeks	52 + weeks
Plastic Surgery	2 weeks	279 weeks	52 + weeks
Thoracic Medicine	2 weeks	184 weeks	52 + weeks
Rheumatology	N/a	295 weeks	52 + weeks
Urology	7 weeks	238 weeks	52 + weeks
Diagnostic Scopes			52 + weeks



Performance Summary

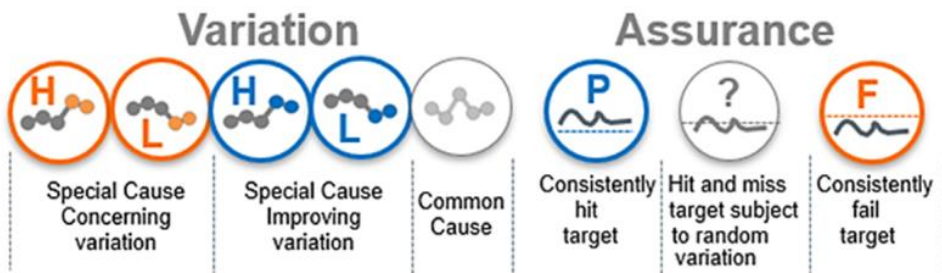
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

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.

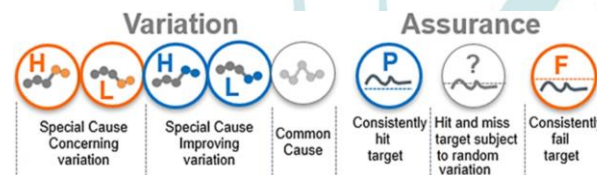
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In December 2022 the following metrics monitored have had either an improving variation or consistently hit their target:

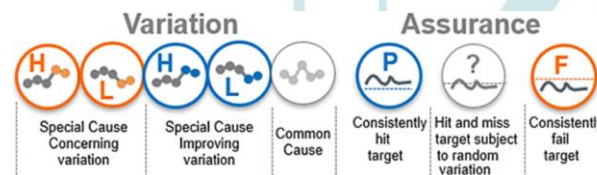
- 4hr % Performance in the Downe and Ards MIU sites
- Cancer 31 Day %
- Echocardiogram (Echo) activity



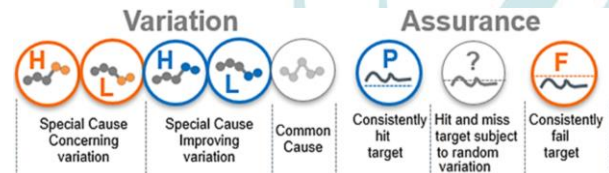
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Dec 22	176	293		
Cancer 31 Day Activity	Dec 22	87	143		
Cancer 62 Day Activity	Dec 22	48.0	82.0		
Cancer 14 Day %	Dec 22	97%	100%		
Cancer 31 Day %	Dec 22	99%	98%		
Cancer 62 Day %	Dec 22	36%	95%		
Attendances - All SET	Dec 22	12666	-		
Attendances - Ulster ED	Dec 22	8805	-		
Attendances - Lagan Valley ED	Dec 22	1928	-		
Attendances - Downe	Dec 22	1101	-		
Attendances - Ards MIU	Dec 22	832	-		
4hr % - All SET	Dec 22	54%	95%		



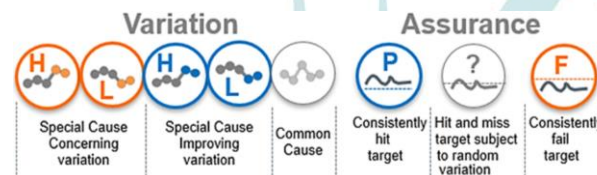
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - Ulster ED	Dec 22	40%	95%		
4hr % - Lagan Valley ED	Dec 22	77%	95%		
4hr % - Downe	Dec 22	98%	95%		
4hr % - Ards MIU	Dec 22	100%	95%		
12hr Breaches - All SET	Dec 22	1533	-		
12hr Breaches - Ulster ED	Dec 22	1570	-		
12hr Breaches - Lagan Valley ED	Dec 22	3	-		
12hr Breaches - Downe	Dec 22	0	-		
12hr Breaches - Ards MIU	Dec 22	0	-		
Adult Non-Elective Discharges	Dec 22	24%	27%		
Non-Elective Average Length of Stay	Dec 22	8.0	7.5		



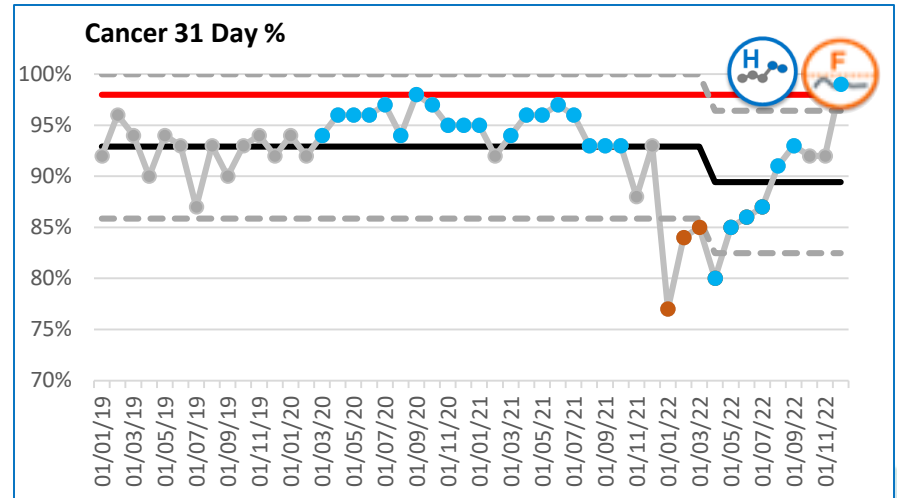
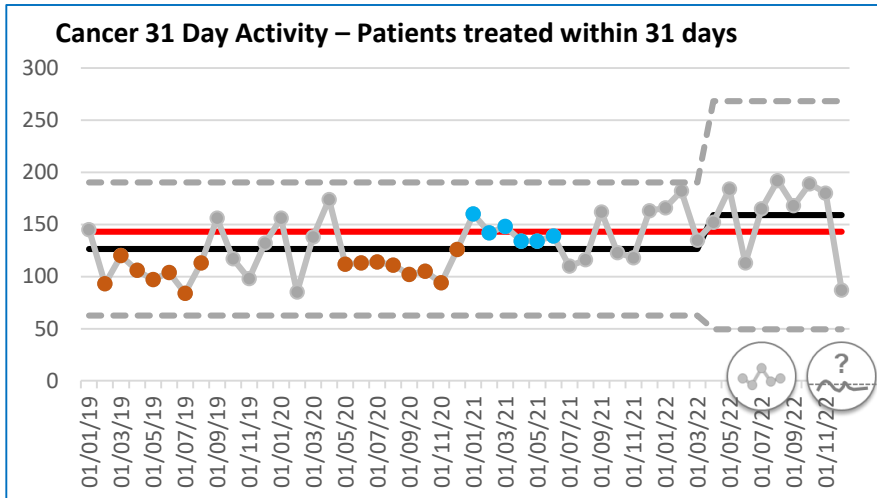
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Dec 22	5641	6509		
Outpatient Contacts New Face to Face	Dec 22	4652	-		
Outpatient Contacts New Virtual	Dec 22	989	-		
Outpatient Contacts Review	Dec 22	10753	10001		
Outpatient Contacts Review Face to Face	Dec 22	7418	-		
Outpatient Contacts Review Virtual	Dec 22	3335	-		
Inpatient Activity	Dec 22	237	265		
Daycase Activity	Dec 22	1308	1301		
Endoscopy - 4 main scopes	Dec 22	504	608		
Cath Labs Procedures	Dec 22	30	-		
UHD Thrombolysis Rate	Dec 22	17%	-		
UHD Admitted < 4 hours	Dec 22	24%	-		



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient & Daycase Waits < 13 weeks	Dec 22	28%	55%		
Inpatient & Daycase Waits < 52 weeks	Dec 22	51%	100%		
MRI	Dec 22	943	1045		
CT	Dec 22	3528	3116		
NOUS	Dec 22	2389	2795		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Dec 22	165	74		
Echo	Dec 22	1162	788		



Cancer Services 31 Day



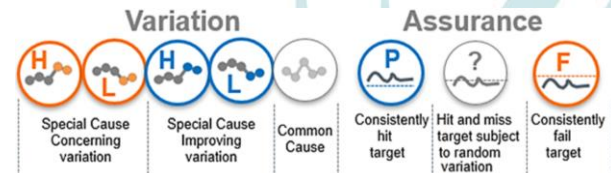
At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.

The 'Cancer 31 Day Activity' metric relates to the Service Delivery Plan and was 74 for the month of December 2022, 52% of the 143 expected trajectory.

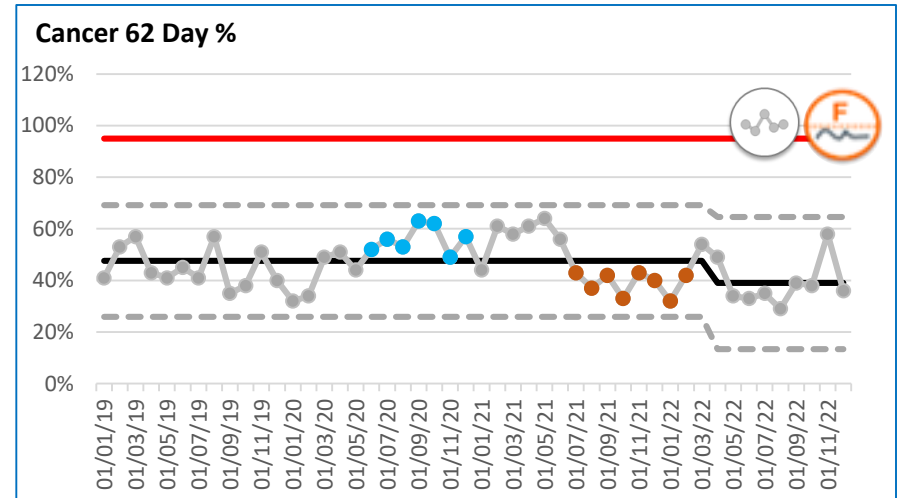
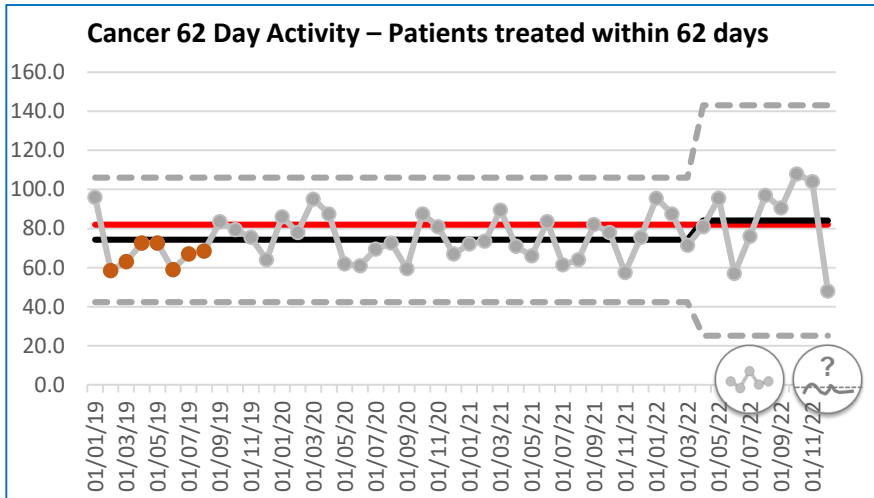
The 'Cancer 31 Day %' metric relates to traditional CPD targets and was 99% for December 2022 against the 98% target.

Cancer figures will continue to change for approximately 6 weeks due to pathology delays.

The service are still closing off pathways for November due to the pathology time lag so we would expect the position to improve into the amber zone.



Cancer Services 62 Day



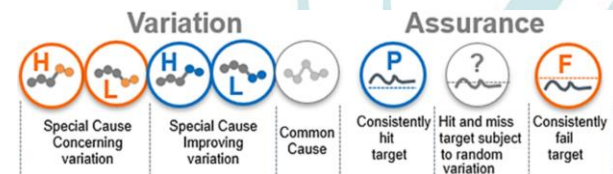
At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The ‘Cancer 62 Day Activity’ metric relates to the Service Delivery Plan and was 42 for the month of December 2022, 52% of the 82 expected trajectory.

The ‘Cancer 62 Day %’ metric relates to traditional CPD targets and was 36% for December 2022 against the 95% target.

Cancer figures will continue to change for approximately 6 weeks due to pathology delays.

The service are still closing off pathways for November due to the pathology lag so we would expect the position to improve into the amber zone. They have had significant delays in first appointments across a number of tumour sites (gynae, ENT, UGI) due to demand and capacity gap. They have also had sickness in the UGI team affecting capacity for red flag appointments. The consultant has now returned from sick leave so they would expect to see an improvement in waiting time for first appointment for red flag for UGI. Work continues with gynae red flag appointments.



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 904 New and 630 Review attendances in December. This represents an decrease on November's attendances – 1142 New and 870 Review.



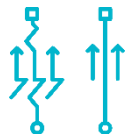
Hospital Admissions are managed to ensure only those patients with a necessity are admitted.

On average, there were 7.3 elective inpatients and 77.6 non-elective admission for non-maternity adults in December.



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

Length of Stay in December was the 7.2 days for Adult non maternity discharges.

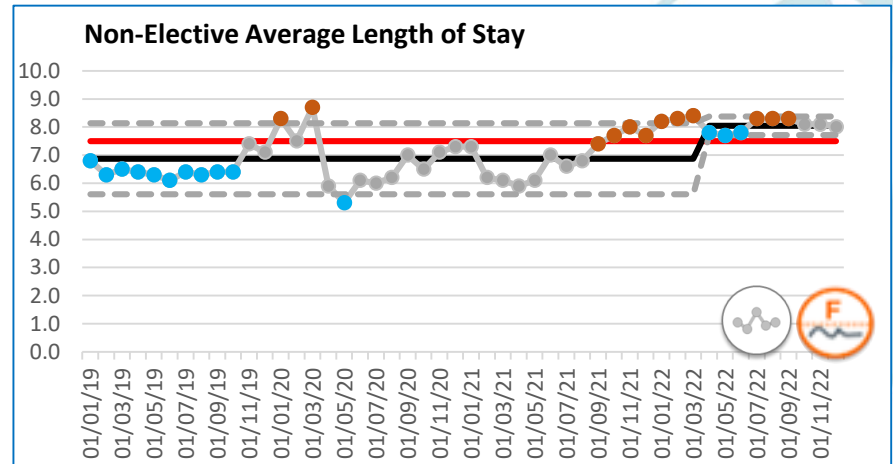
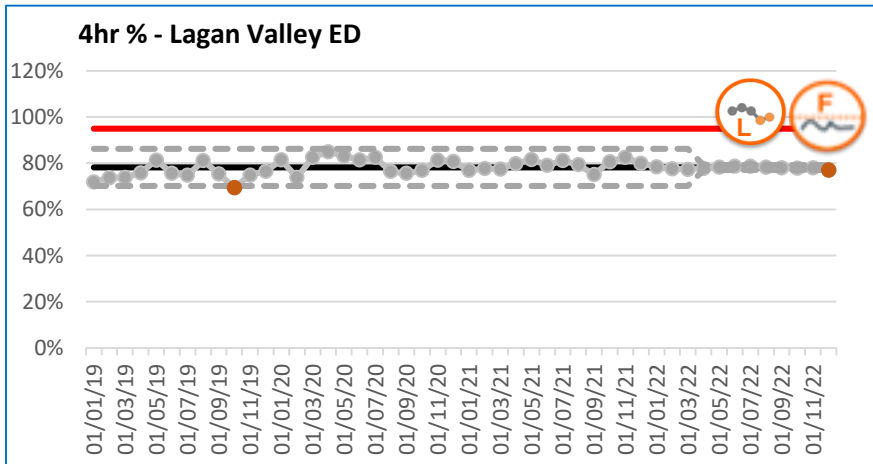
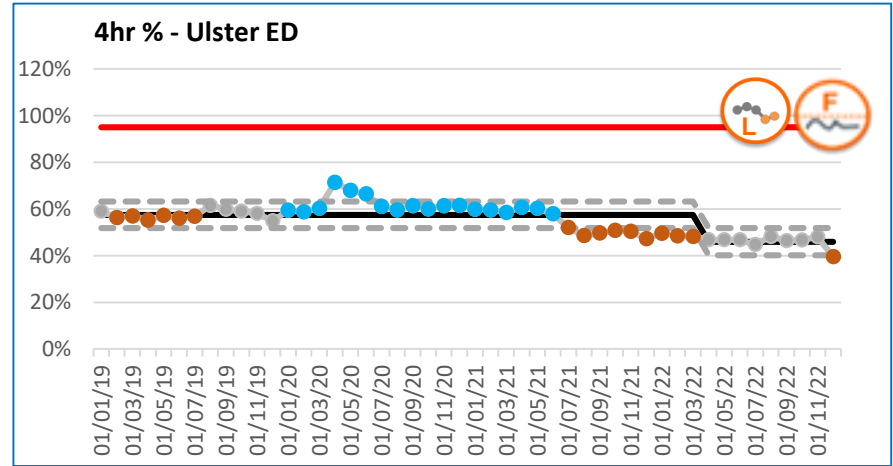
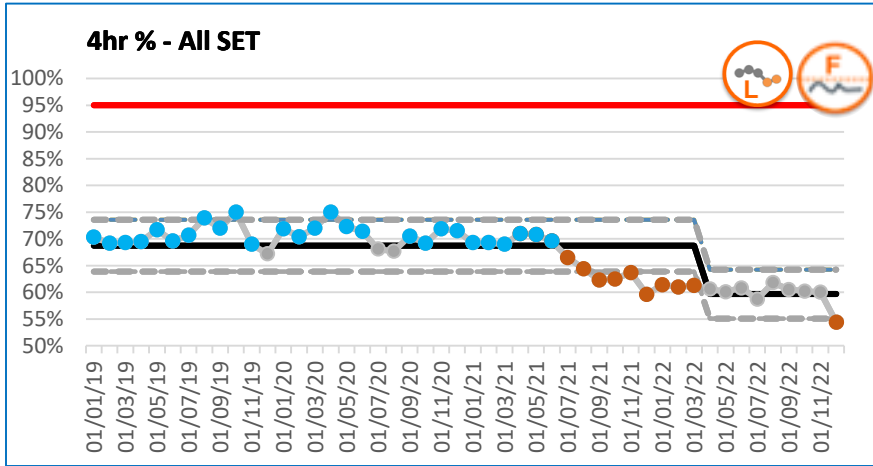


Discharges are managed quickly and efficiently, with patient safety at the centre of decision making.

In December there were 395 complex discharges, 56% of these were delayed less than 48 hours the best performance of any month in 2022



ED and Non-Elective (1/2)



ED and Non-Elective (2/2)

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

In December 2022 54% of patients in SET achieved the 4hr target. 40% in the Ulster ED and 77% in Lagan Valley.

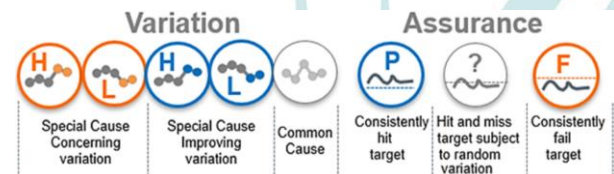
Average non-elective length of stay is included in the Service Delivery Plan metrics and the expectation is length of stay should be reduced by 0.2 days based on the 21/22 year.

December 2022 non-elective average length of stay was 8 days with an expected target of 7.5 days.

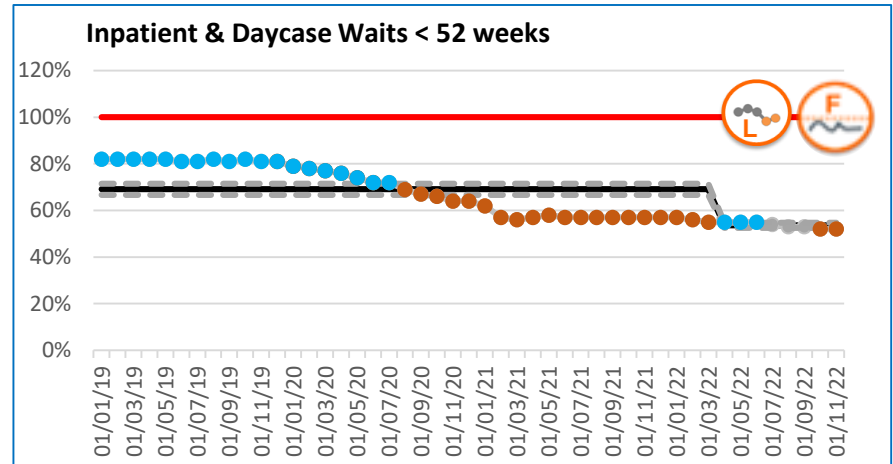
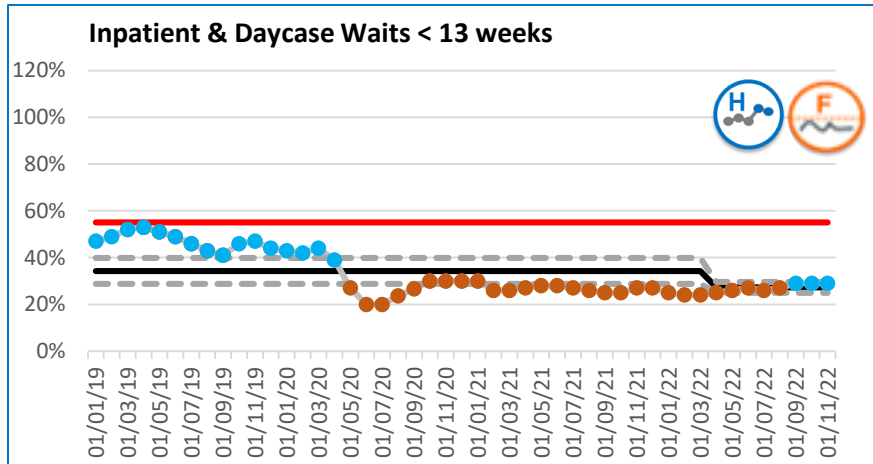
In order to improve patient flow there have been additional resources placed at various junctures throughout patient journey to address identified/evidenced areas of bottleneck/delay.

These include:

- Additional portering support to discharge lounge
- Additional pharmacy support – extended hours of script submission/processing, additional PIP support hours and weekend cover.
- Additional SW contribution to medical outliers to enable MD decision making with owning consultant at ward round.
- Additional 'Post post take' resource of Jr doctors to contribute to decision making for patients subsequent to ED take.
- AHP- SLT, physio and OT have all contributed additional hours/weekend to enable prioritisation and processing of referrals to expedite discharges.



Inpatient and Daycase Waits



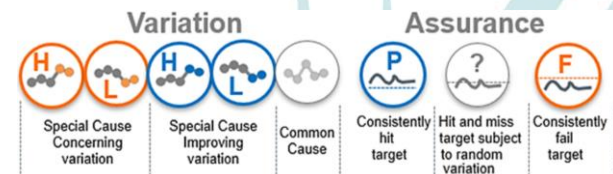
Inpatients and Daycase waits under 13 and 52 weeks are CPD targets. A minimum of 55% of patients should wait less than 13 weeks and no patient should wait more than 52 weeks.

In December 2022 28% of patient waited under 13 weeks. 51% of patients waited under 52 weeks.

In patient was reduced from 7 theatre to 1 emergency and 2 bookable lists. We were therefore down 4 all day theatre capacity for strike days.

All day cases at LVH & DH were cancelled.

This equates to 2 all day GA lists (30 per day) reduction of 604 scopes lists 6.5 each (26 per day) reduction of 54.



Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
and Social Care Trust



TITLE **Target** **NARRATIVE**

HCAI

No new Targets have yet been set by PHA.

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.

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.

NARRATIVE

2021/22:
CDI: 16 ≤ 48 hours
: 53 > 48 hours

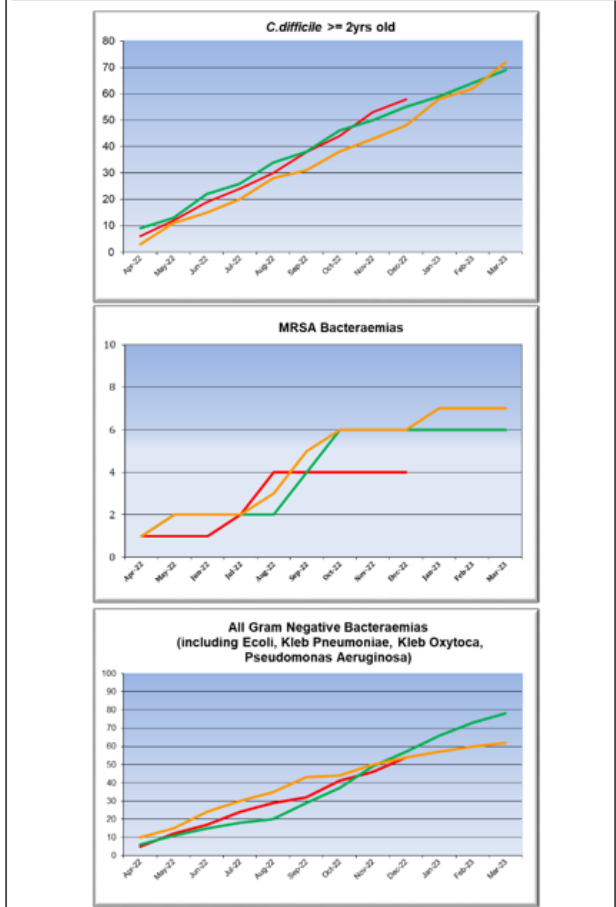
MRSA: 0 ≤ 48 hours,
: 6 > 48 hours

2022/23:
CDI: 10 ≤ 48 hours
: 48 > 48 hours

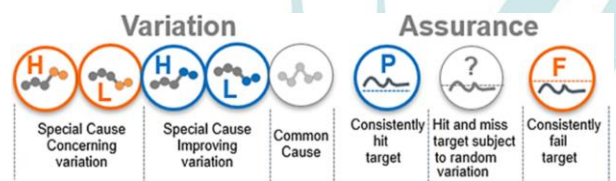
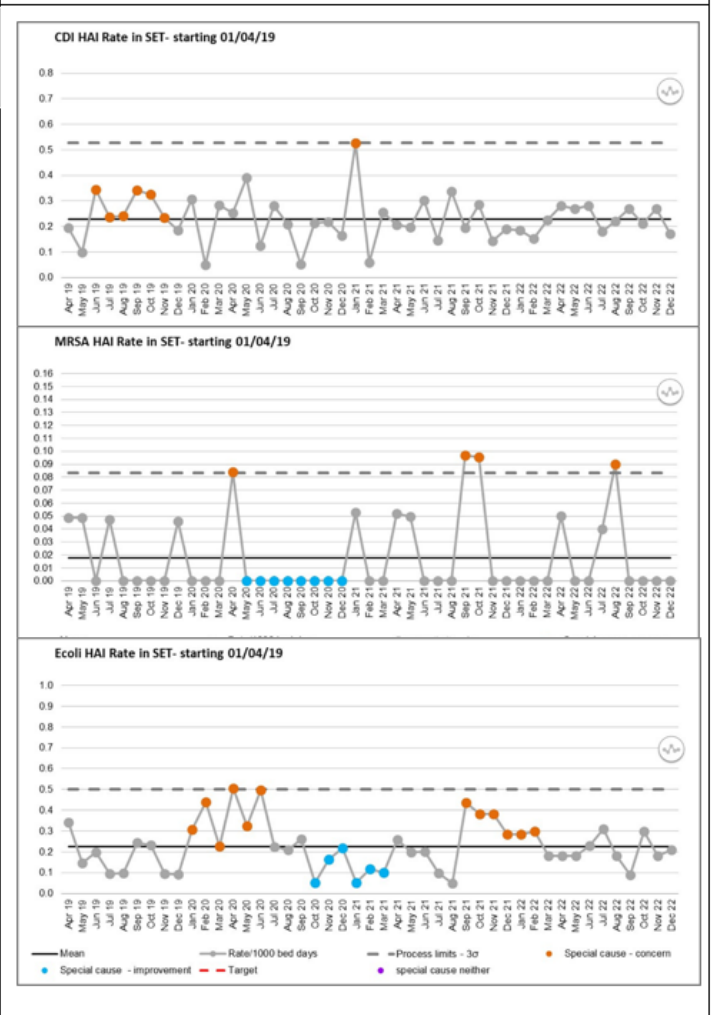
MRSA: 1 ≤ 48 hours,
: 3 > 48 hours

PERFORMANCE

~ based on 19/20 Targets	Target 21/22	Outturn 21/22	Target 22/23	Target no. of cases / month	Avg cases as of end of December	Apr - Dec Episodes
C.difficile	55	69	55	4.58	6.44	58
MRSA	5	6	5	0.42	0.44	4
All Gram Negative#	39	78	39	3.25	6	54



TREND



Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
and Social Care Trust



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.

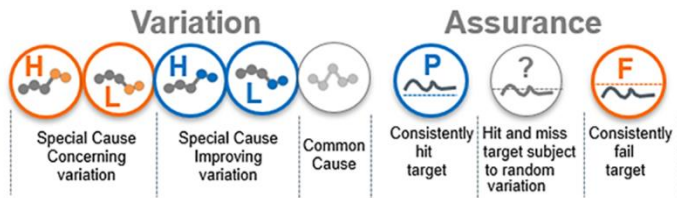
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

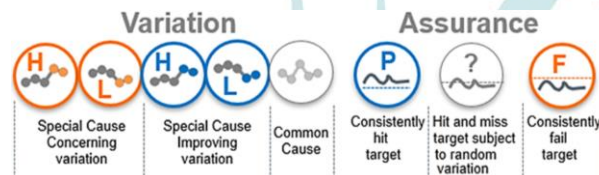
In December 2022 the following metrics monitored have had either an improving variation or consistently hit their target:

- Community Dental Services Review Contacts
- Dom Care Hours Delivered (Stat) for November 2022 – reported in arrears
- Orthoptics Number on WL
- Dietetics > 13 week waits

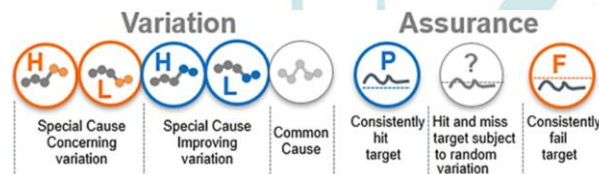
District Nursing compliance with SSKIN bundle for pressure ulcers performance metric is provided in arrears by SPPG as part of the Service Delivery Plan



















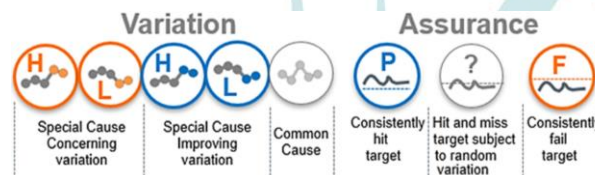
KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Dec 22	134	181		
CDS Contact Review	Dec 22	633	932		
Complex Discharges (n)	Dec 22	395	-		
Complex Discharges < 48hrs - All SET	Dec 22	56%	90%		
Complex Discharges < 7 days	Dec 22	81%	100%		
Dom Care Hours Delivered Stat	Nov 22	62002	42411		
Dom Care Hours Delivered Ind	Nov 22	230955	188230		
AHP < 13 weeks	Dec 22	61%	100%		
District Nursing Contacts	Dec 22	20509	29265		
District Nursing Compliance with SSKIN Bundle for Pressure Ulcers	Oct 22	94%	100%		
District Nursing Compliance with all elements of MUST	Oct 22	80%	100%		
CDS General Anaesthetic Ulster	Dec 22	49	58		



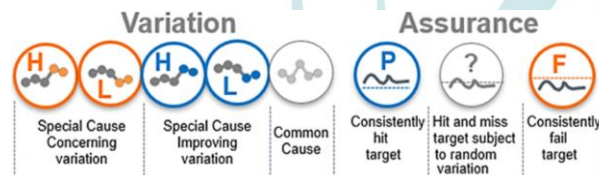
KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Dec 22	332	376		
Speech & Language Therapy Review Contacts	Dec 22	3247	2781		
Physio New	Dec 22	1377	1897		
Physio Review	Dec 22	4298	5930		
Occupational Therapy New	Dec 22	721	920		
Occupational Therapy Review	Dec 22	1894	2414		
Dietetics New	Dec 22	499	757		
Dietetics Review	Dec 22	880	886		
Orthoptics New	Dec 22	92	134		
Orthoptics Review	Dec 22	278	320		
Podiatry New	Dec 22	293	438		
Podiatry Review	Dec 22	2093	2779		



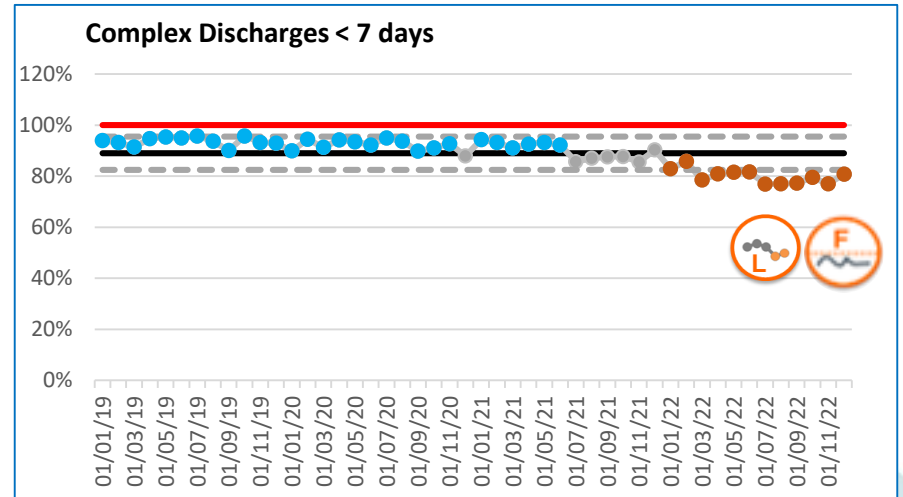
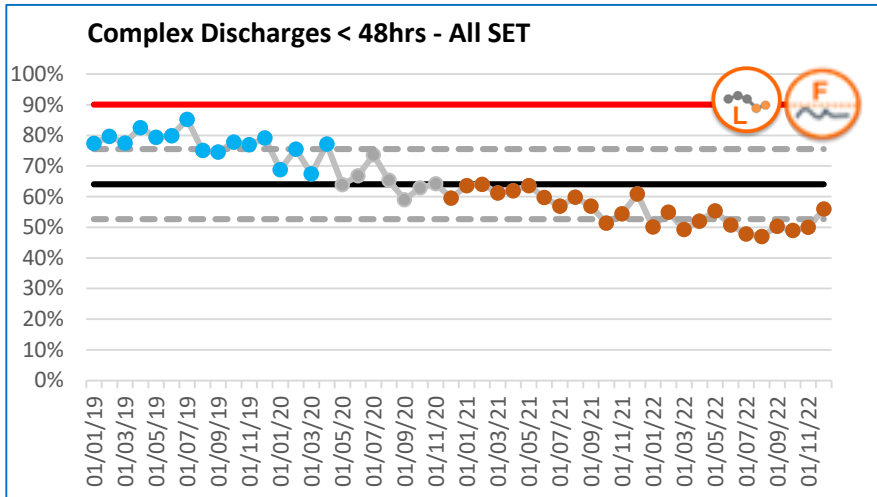
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Dec 22	2341	-		
Occupational Therapy >13 Week Waits	Dec 22	1200	0		
Orthoptics Number on WL	Dec 22	251	-		
Orthoptics >13 Week Waits	Dec 22	51	0		
Podiatry Number on WL	Dec 22	2553	-		
Podiatry >13 Week Waits	Dec 22	1241	0		
Physiotherapy Number on WL	Dec 22	6991	-		
Physiotherapy >13 Week Waits	Dec 22	2602	0		
Dietetics Number on WL	Dec 22	1344	-		
Dietetics >13 Week Waits	Dec 22	141	0		
Speech and Language Therapy Adult Number on WL	Dec 22	1010	-		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Dec 22	1010	-		
Speech and Language Therapy Adult >13 Week Waits	Dec 22	502	0		
Speech and Language Therapy Child Number on WL	Dec 22	560	-		
Speech and Language Therapy Child >13 Week Waits	Dec 22	185	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 traditional CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds.

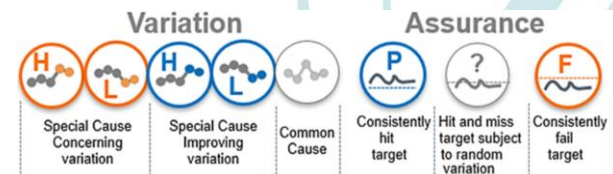
The total number of complex discharges was 395 in December 2022.

December 2022 recorded 56% of complex discharges <48 hours against the 90% target.

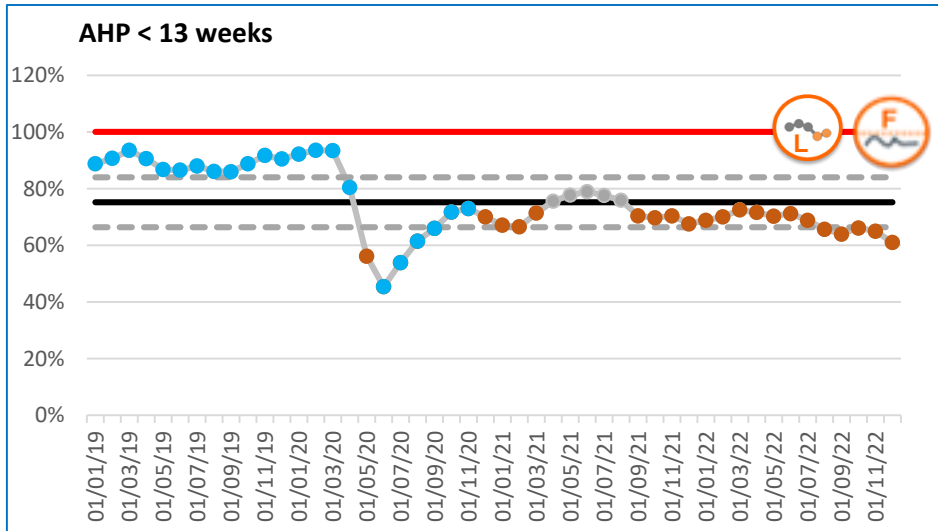
Complex Discharges < 7 days for December 2022 saw 81% of patients discharged against the 100% target.

There are challenges and pressures impacting efforts in relation to timely discharge for complex patients. Availability of domiciliary care and access to suitable care home beds continues to present difficulties. The Trust have taken urgent mitigating steps in order to alleviate the pressures:

1. Increased collective efforts and resource across the Trust to maximise the occupancy and utilisation of all community beds (Nursing and Residential) unlocking any perceived barriers to discharge/patient flow
2. Increasing block booked beds and reviewing the specification to include 3hr turn around for decision making and 7 day response
3. Regional CEX letter agreed at end of December which will be issued where suitable alternative discharge options are declined by patient/Next of Kin



AHP < 13 weeks

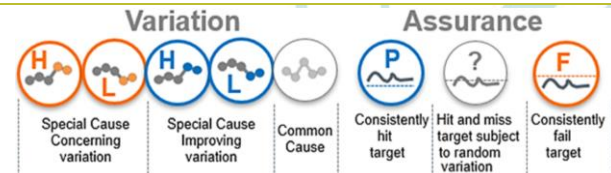


Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is included from the traditional CPD reporting targets.

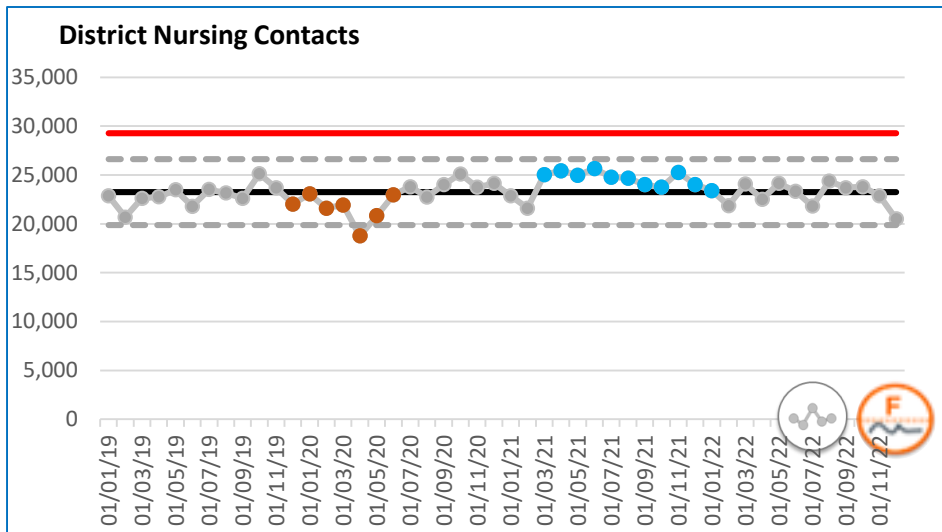
AHP < 13 weeks for December 2022 saw 61% of patients commencing treatment against the 100% target. Breakdown by specialty is given within the summary table in the PCOP section.

All AHP Services are experiencing a high number of Vacancies/Maternity Leave equating to > 25% of total staffing which continues to affect elective activity and Waiting list performance. There was a spike in sickness absence in December across all services which also impacted on service delivery.

There are planned innovations across all services to drive improvement in performance between January and March 2023.



District Nursing Contacts



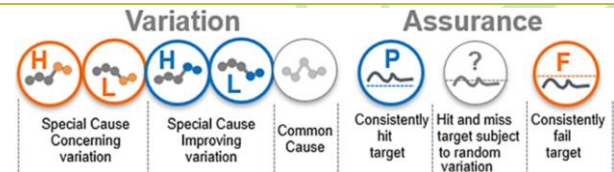
District Nursing contacts are monitored as part of the Service Delivery Plan.

December 2022 saw 20,509 district nursing contacts against a trajectory of 29,265 equating to 70%.

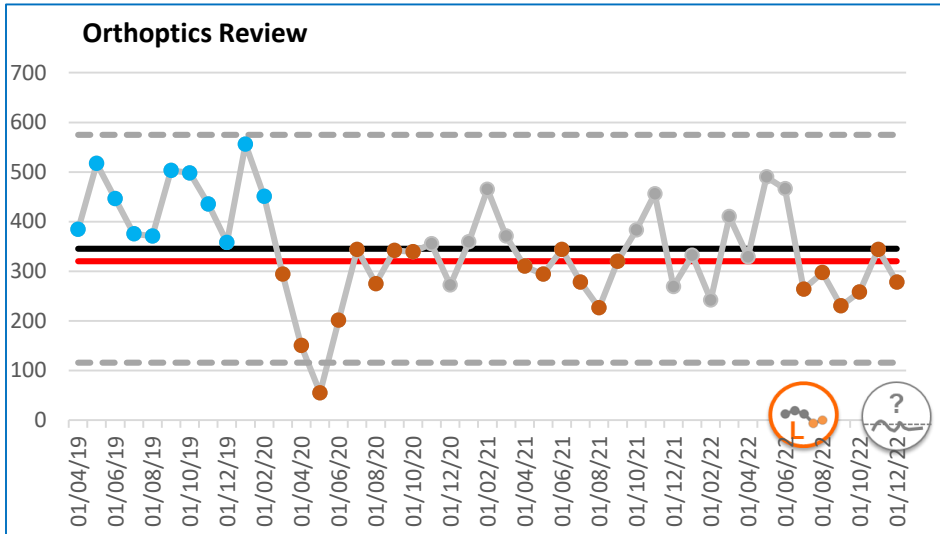
In June 2022 PHA approached Trusts across the Region proposing the use of a formula for expected activity for DN services based on funded WTE. Applying this formula sets a target which exceeds pre covid 19 levels of service provision for the Trust. The Trust has raised this issue with the PHA.

District Nursing services operate a Regional Referral Criteria over a 24/7 period, same day referrals and unscheduled calls account for a significant proportion of the workload, particularly in the evening and overnight, these have a high impact in preventing hospital admission or transfer to ED as an alternative. There are no waiting lists or deferred calls across the service. The service will continue to respond to all referrals.

District Nursing Services are part of GP Federation MDTs across three of the four trust localities and are continuing to develop and implement the Neighbourhood District Nursing model which identifies and meets the needs of the local communities over the 24 hour period through Community Profiling, Public Health Initiatives and Community Engagement activities. This activity is not captured as only "contacts" are used as the metric for activity.



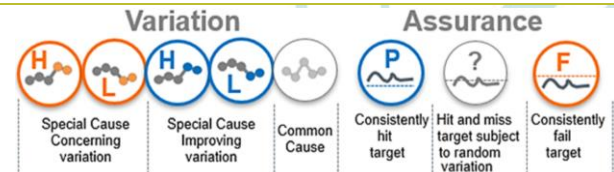
Orthoptics Review Contacts



Orthoptics review contacts are monitored as part of the Service Delivery Plan

December 2022 saw 278 Orthoptics contacts against a trajectory of 320 equating to 87%.

This is a result of staffing issues (Sick leave and Vacancy). The service will focus on improving performance in January.



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
and Social Care Trust



Performance Summary

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

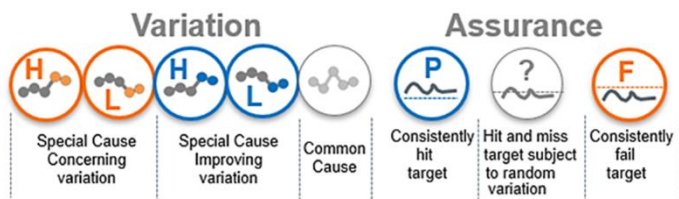
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.





















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

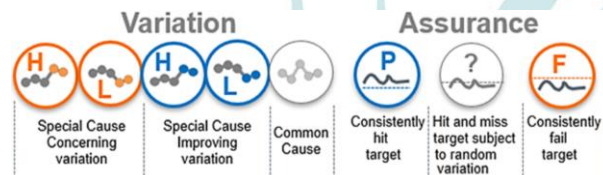
In December 2022 the following metrics monitored have had either an improving variation or consistently hit their target:

- Adult Mental Health Non-Inpatient Review Contacts
- Adult Day Care Attendances (Adult Disability and Older People combined)
- Psychological Therapies New Contacts
- Psychological Therapies Review Contacts

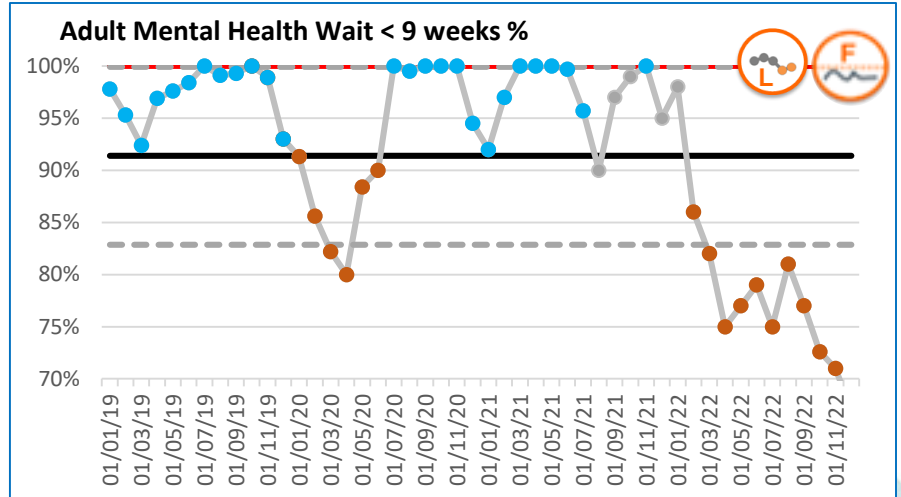
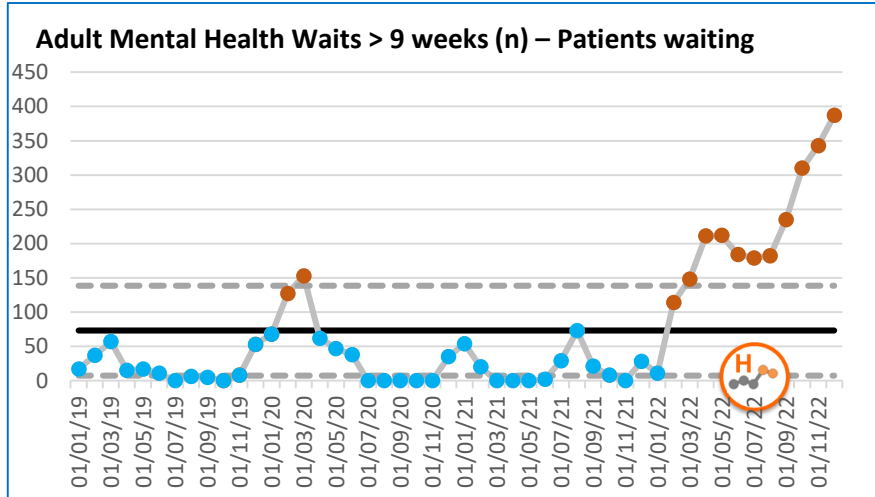
Dementia Services continue on an upward trajectory in terms of new and review contacts. Absence, at Consultant level in particular, in the medical team continued to impact on the number of new appointments offered, and the team revised clinic templates to reflect this. The number of Dementia review appointments exceeds the projected target as Medical staffing returned to full compliment and all clinical time continues to be maximised.



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Dec 22	387	-		
Adult Mental Health Wait < 9 weeks %	Dec 22	67%	100%		
Adult Mental Health Non-Inpatient New	Dec 22	574	703		
Adult Mental Health Non-Inpatient Review	Dec 22	5321	3546		
Adult Day Care Attendances (Adult Disability and Older People)	Dec 22	5752	9002		
Psychological Therapies - New Contacts	Dec 22	137	86		
Psychological Therapies - Review Contacts	Dec 22	1703	1270		
Dementia Contacts New	Dec 22	124	132		
Dementia Contacts Review	Dec 22	663	650		
Dementia Services - No patient wait longer than 9 wks	Dec 22	27.2%	100.0%		
Dementia Services - No patient wait longer than 9 wks - breaches	Dec 22	530	-		



Adult Mental Health

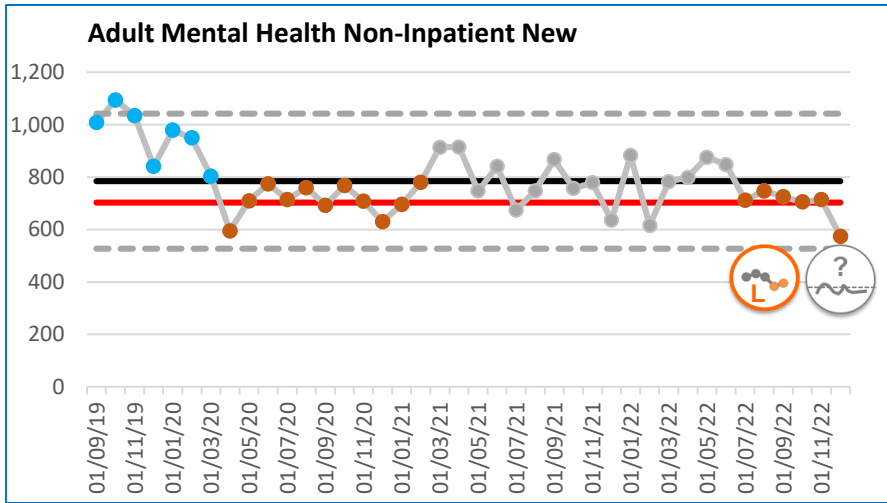


No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services. These metrics form part of the traditional CPD targets.

'Adult Mental Health Waits >9 weeks (n)' totalled 387 for December 2022. 'Adult Mental Health Waits <9 weeks %' recorded 71% of patients receiving assessment and commencement of treatment against the 100% target in December 2022.

This deterioration is associated with high level demand for new referrals together with workforce pressures due to the high number of vacancies particularly in North Down and Ards area

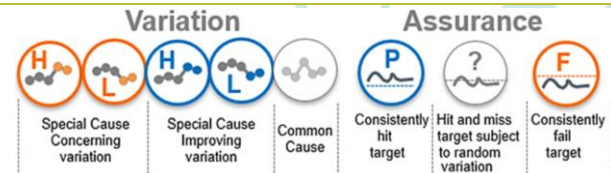
Adult MH Non-Inpatient New



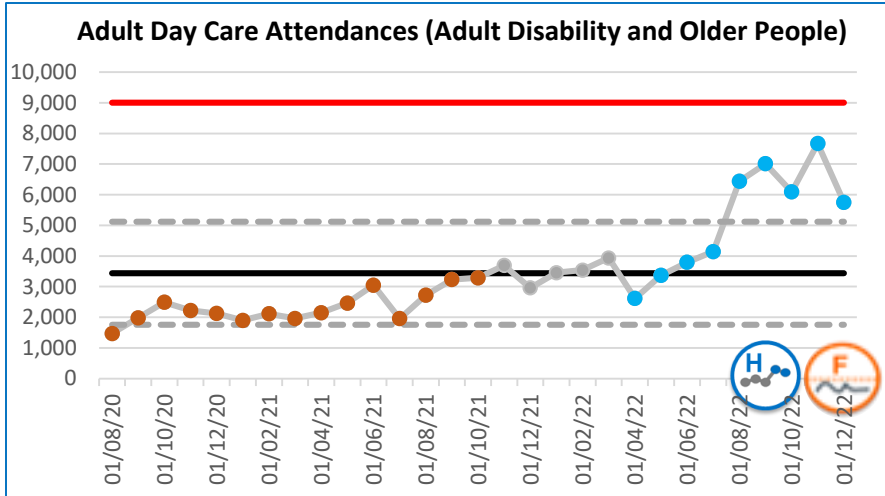
Adult Mental Health Non-inpatient New contacts is a metric monitored as part of the Service Delivery Plan

In December 2022 there were 574 contacts against an expected trajectory of 703 equating to 82%.

Contacts have been reduced due to ongoing short and long term sick leave and vacancies with some bank staff being used to address the issue. Interviews will be held mid-January and the service are hopeful that this may be successful in filling the current vacant posts, however there is ongoing concern with other staff leaving that the vacancies may remain. Three more staff will be leaving within the next 3 months.



Adult Day Care

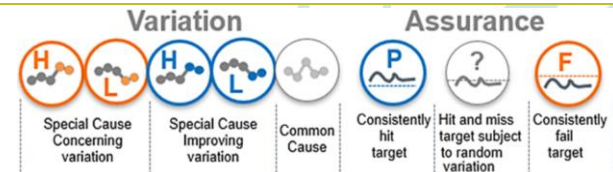


Adult Day Care Attendances for both Adult Disability and Older People is a metric monitored as part of the Service Delivery Plan

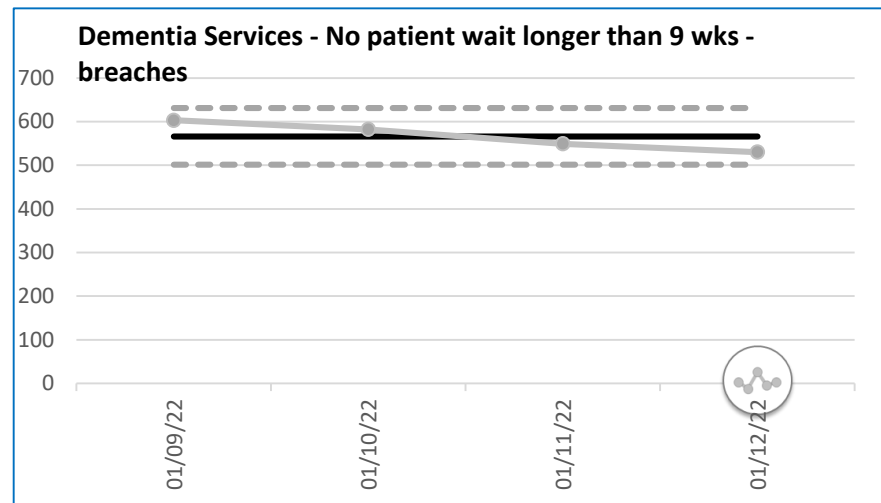
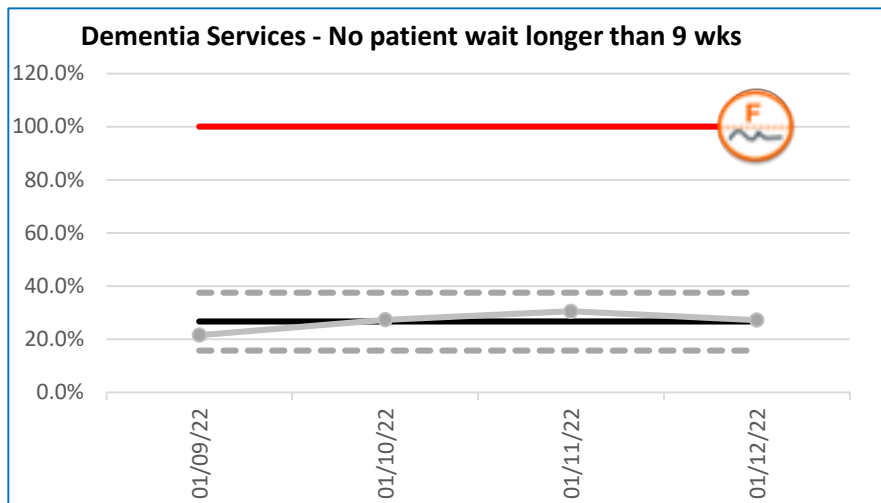
In December 2022 there were 5,752 adult day care attendances against an expected trajectory of 9,002 equating to 64%. Of these 5,146 attendances were under disability and 606 attendances were under older people.

Adult Day Care provision has been on an improving trajectory even though we have not yet returned to pre-Covid levels of uptake. There are 3 aspects to this under delivery -

1. Ongoing recruitment challenges where candidates have been selected but issues with BSO system mean that formal offers have not been made so vacancies remain. Trust is pushing for earliest possible resolution on this.
2. Transport issues - Both vehicle and driver challenges but a plan is underway to improve provision in near future.
3. Current client list includes those whose needs have been directly impacted by Covid. Trust is working with families to either adapt intensity of provision to meet new more complex needs or if service is declined, transfer the offer to other clients- such as those newly transitioned into Adult Services from Children's Services. A plan is in place to work with each family to maximise provision and match opportunities to client need but unique and increasingly complex needs take time to support and transition.



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.

In December 2022 27.2% of patients waited longer than 9 weeks from referral, with 530 patients breaching.

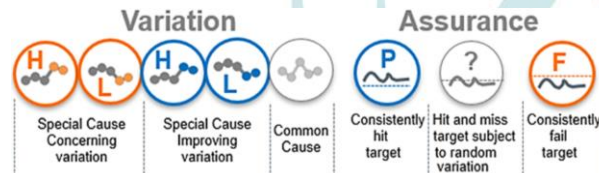
Due to the implementation of new recording method for Dementia Outpatients this performance monitoring is from September 2022.

Until September 2022, Dementia Services have been using competing electronic systems (PAS and Maxims) and this has impacted negatively on data quality. Data quality initiatives continue within the service and are now showing increasing degrees of accuracy on PAS in the reported wait position for a medical outpatient appointment, demonstrating an upward trajectory of improvement.

In December 2022, available systems indicated that 72.8% of patients waited longer than 9 weeks from referral, with 530 patients breaching. It should be noted that these waits relate to time to diagnosis/medical outpatient appointments only. Multi-disciplinary team appointments and support offered to this patient cohort by other members of the multi-disciplinary team, e.g. Dementia Navigator/Social Worker/Community Mental Health Nurse, have not to date been reflected in the data submitted above, as PAS/Maxims do not support this. The service continues to work to redress this.



South Eastern Health
and Social Care Trust



Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust

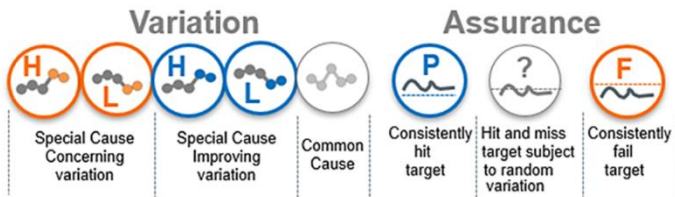


Performance Summary

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

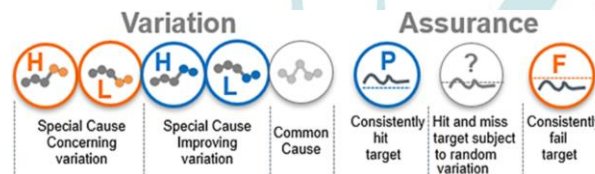
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

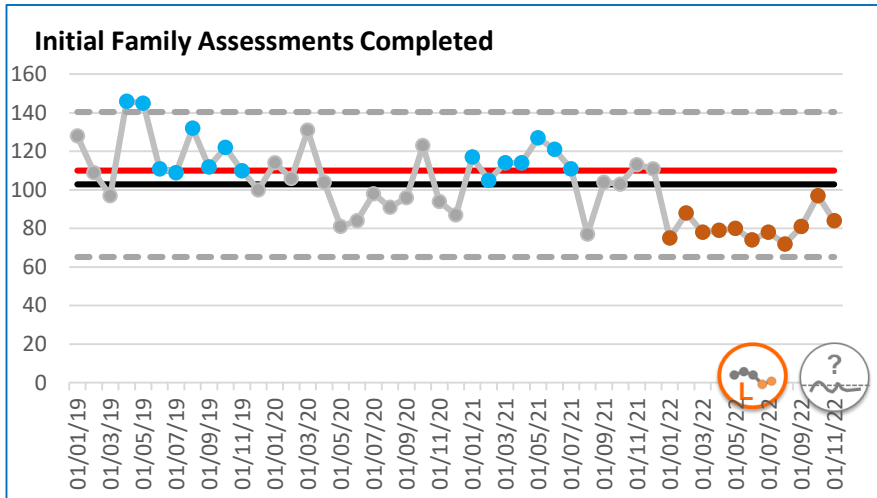


KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Dec 22	62	100		
Unallocated Cases	Dec 22	402	-		
Unallocated Cases > 20 days	Dec 22	336	-		
Unallocated Cases > 30 days	Dec 22	292	-		
% of review CP case conferences held with 3 months	Dec 22	89%	85%		
Total reviews held within 3 months	Dec 22	9	-		
% of subsequent CP case conferences held within 6 months	Dec 22	68%	89%		
Total subsequent reviews held within 6 months	Dec 22	19	-		
% of Initial child protection cases conferences held within 15 days	Dec 22	100%	84%		

Please note there is currently a review taking place of unallocated cases within children's disability, these are not currently recorded within this reporting period.



Initial Family Assessments



Number of initial Family Support assessments completed in the year (22/23) is taken from the Service Delivery Plan. The expected trajectory will total a minimum 6,759 for the year ending 31/3/23.

In December 2022, 62 assessments were completed against the trajectory of 100 equating to 62% of the expected activity.

The capacity in gateway to undertake initial assessments remains reduced as the service continues to have vacant posts with no available cover from agency/bank. Whilst new staff have taken up post capacity has not significantly increased has been due to the number of vacancies within the assessment teams. Although a number of staff have recently been recruited, induction is still on-going and these new staff are not yet working to full capacity. Additionally, the majority of these new staff are newly qualified and remain in their 'Assessed Year in Employment' which means they will continue to have reduced capacity for at least 6 months.

A peripatetic model is in place to address backlog of Initial Assessments, in conjunction with a 3 month action plan, to maximise capacity and performance. This plan was based on the level of workforce issues at the time; however, as there has been an escalation of these issues this has had an associated reduction in ability to meet targets. Action plans will continue to be monitored and reviewed.

