

Integrated Performance Monitoring Report

Year-End 22/23

Paper Number: SET/42/23



South Eastern Health
and Social Care Trust

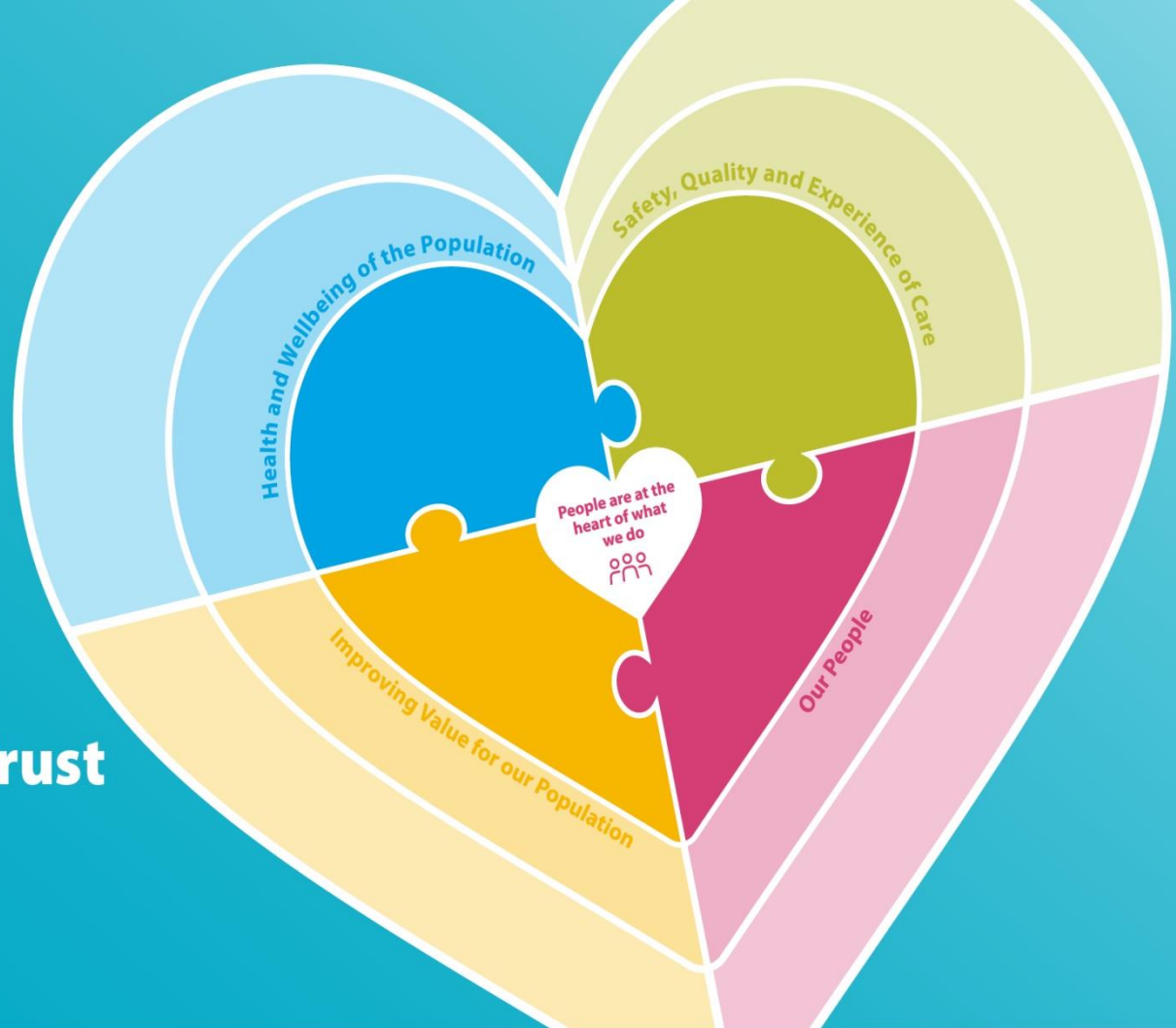




South Eastern Health
and Social Care Trust

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 FY22/23 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. 22/23 Year end position for all metrics monitored have been included in the appendix

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 are currently being considered by SPPG, there was no formal submission of performance for April 2023 in anticipation of two months data being requested in May.

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.

Proposed metrics for 23/24 monitoring including all metrics, baselines and expected outturns have not been confirmed with Trusts, however are expected in May.

Although performance against the 22/23 Service Delivery Plan metrics was not submitted to SPPG, the Trust continues to monitor performance against these metrics internally.



Statistical Process Control

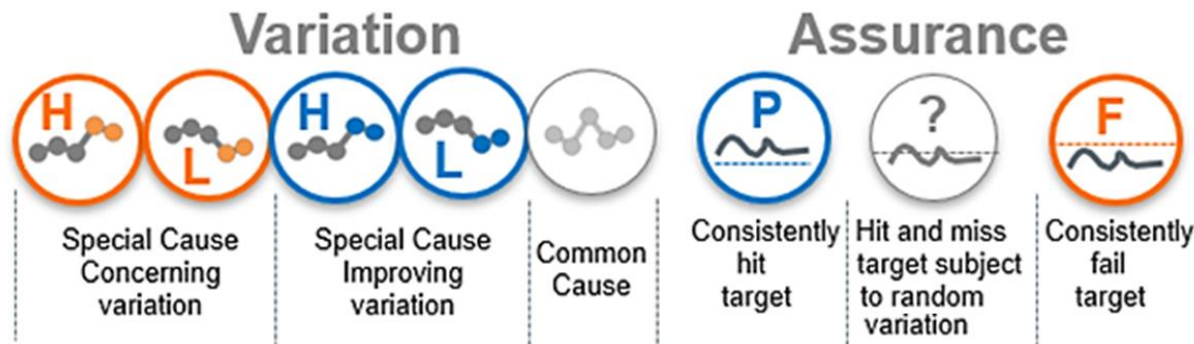
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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
and Social Care Trust



Performance Summary

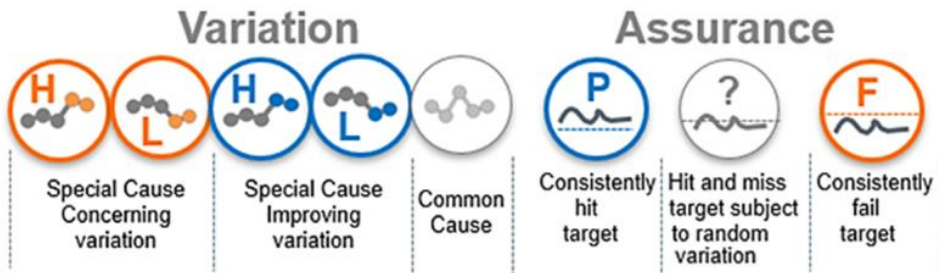
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

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

- 4hr % Downe
- 4hr % Ards MIU



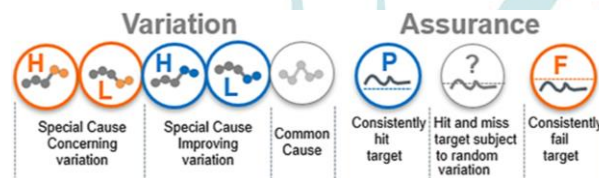
Elective Waiting Times

Elective waiting time positions at Year-End March 22/23:

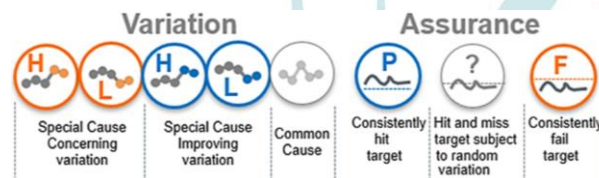
Specialty	Suspect Cancer/Red Flag OP	Routine Outpatient	Inpatient & Daycase
	Position March 2023	Position March 2023	Position March 2023
Symptomatic Breast Clinic	2 weeks	21 weeks	N/A
Cardiology	N/A	197 weeks	121 weeks
Dermatology	3 weeks	359 weeks	239 weeks
ENT	3 weeks	315 weeks	411 weeks
General Medicine/Gastroenterology	14 weeks	442 weeks	209 weeks
General Surgery	6 weeks	262 weeks	425 weeks
Geriatric Medicine	N/A	17 weeks	N/A
Gynaecology	7 weeks	355 weeks	454 weeks
Haematology	2 weeks	180 weeks	N/A
Nephrology	N/A	4 weeks	N/A
Neurology	N/A	342 weeks	N/A
Maxillo Facial	9 weeks	328 weeks	390 weeks
Paediatrics	2 weeks	109 weeks	N/A
Paediatric Surgery	N/A	15 weeks	339 weeks
Pain Management	N/A	170 weeks	189 weeks
Plastic Surgery	3 weeks	293 weeks	499 weeks
Thoracic Medicine	3 weeks	197 weeks	N/A
Rheumatology	N/A	312 weeks	N/A
Urology	9 weeks	255 weeks	542 week
Diagnostic Scopes	N/A	N/A	266 weeks



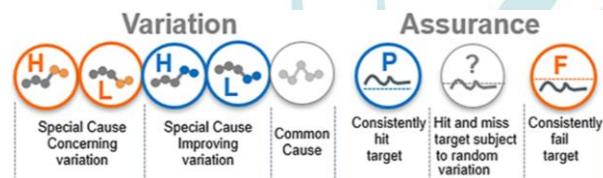
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Apr 23	159	-		
Cancer 31 Day Activity	Apr 23	88	-		
Cancer 62 Day Activity	Apr 23	62.0	-		
Cancer 14 Day %	Apr 23	19%	100%		
Cancer 31 Day %	Apr 23	98%	98%		
Cancer 62 Day %	Apr 23	39%	95%		
Attendances - All SET	Apr 23	12955	-		
Attendances - Ulster ED	Apr 23	8828	-		
Attendances - Lagan Valley	Apr 23	1887	-		
Attendances - Downe	Apr 23	1349	-		
Attendances - Ards MIU	Apr 23	891	-		
4hr % - All SET	Apr 23	58%	95%		



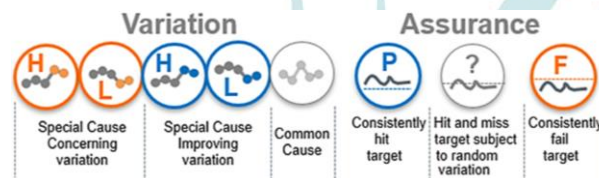
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - Ulster ED	Apr 23	44%	95%		
4hr % - Lagan Valley	Apr 23	74%	95%		
4hr % - Downe	Apr 23	100%	95%		
4hr % - Ards MIU	Apr 23	100%	95%		
12hr Breaches - All SET	Apr 23	1487	-		
12hr Breaches - Ulster ED	Apr 23	1486	-		
12hr Breaches - Lagan Valley	Apr 23	1	-		
12hr Breaches - Downe	Apr 23	0	-		
12hr Breaches - Ards MIU	Apr 23	0	-		
Adult Non-Elective Discharges	Mar 23	12%	-		
Non-Elective Average Length of Stay	Apr 23	8.2	-		



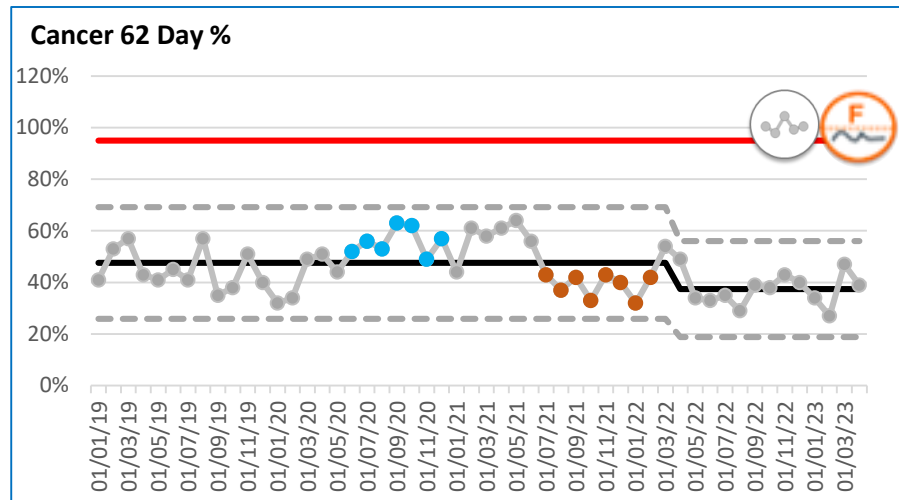
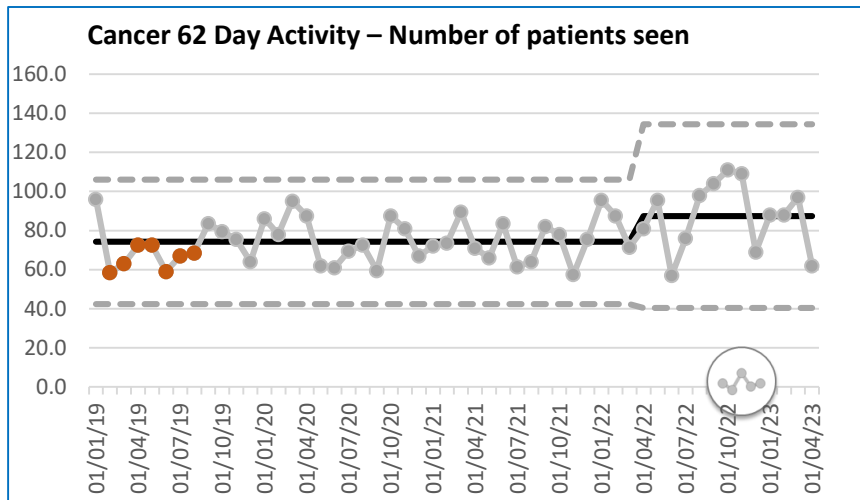
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Apr 23	6012	-		
Outpatient Contacts New Face to Face	Apr 23	5026	-		
Outpatient Contacts New Virtual	Apr 23	986	-		
Outpatient Contacts Review	Apr 23	12111	-		
Outpatient Contacts Review Face to Face	Apr 23	8747	-		
Outpatient Contacts Review Virtual	Apr 23	3364	-		
Inpatient Activity	Apr 23	304	-		
Daycase Activity	Apr 23	1663	-		
Endoscopy - 4 main scopes	Apr 23	424	-		
Cath Labs Procedures	Apr 23	38	-		
UHD Thrombolysis Rate	Mar 23	19%	15%		
UHD Stroke Admitted < 4 hours	Mar 23	40%	-		



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient & Daycase Waits < 13 weeks	Apr 23	30%	55%		
Inpatient & Daycase Waits < 52 weeks	Apr 23	53%	100%		
MRI	Apr 23	984	-		
CT	Apr 23	3361	-		
NOUS	Apr 23	2437	-		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Apr 23	136	-		
Echo	Apr 23	1243	-		



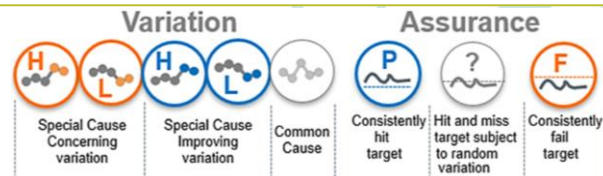
Cancer Services 62 Day



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 FY 22/23 the trust did not meet this target.

- There has been a 26% increase in GP Suspect Cancer referrals when comparing 2022/23 with 2019/20 (pre-covid). 13% when compared with the previous year.
- The average number of patients on the 62 day pathway being treated continues to rise. In 2022/23 there was a 9% increase, rising from 86.5 to 94.6.
- Referral audit currently underway with the aim of reducing inappropriate red flag skin cancer referrals.
- Seasonal outpatient templates implemented in advance of seasonal spike in skin cancer referrals.
- Gynaecology triage implementation delayed.
- Increased number of weekly discussions at urology MDT to 37.
- Implemented a new Prostate Specific Antigen (PSA) triage virtual clinic in March 2023.



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 667 Review attendances in April

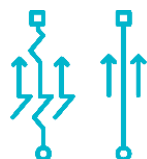


Hospital Admissions are managed to ensure only those patients with a necessity are admitted. On average, there were 9.2 elective inpatients and 76.4 non-elective admissions for non-maternity adults daily in April



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

Length of Stay in April was 8.4 days for Adult non maternity discharges. (elective=4.2 non-elective=8.8)



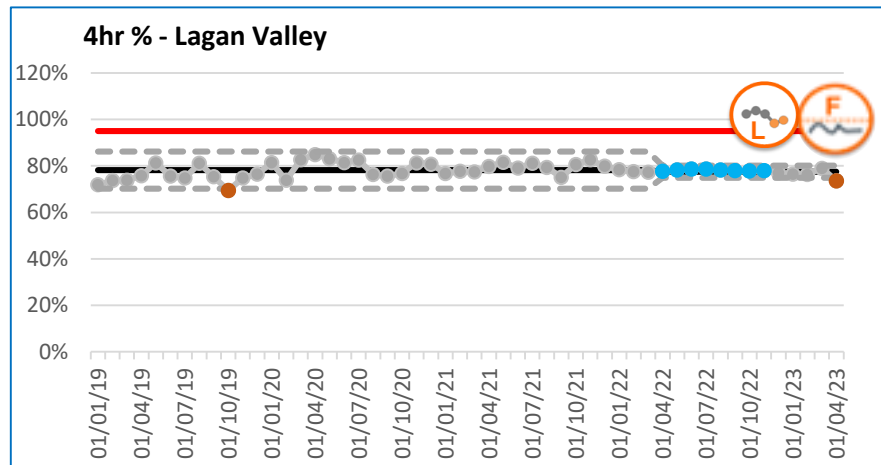
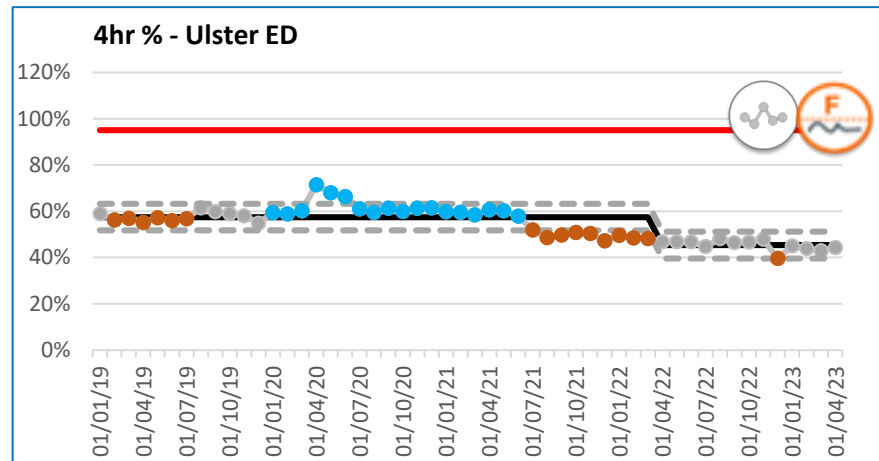
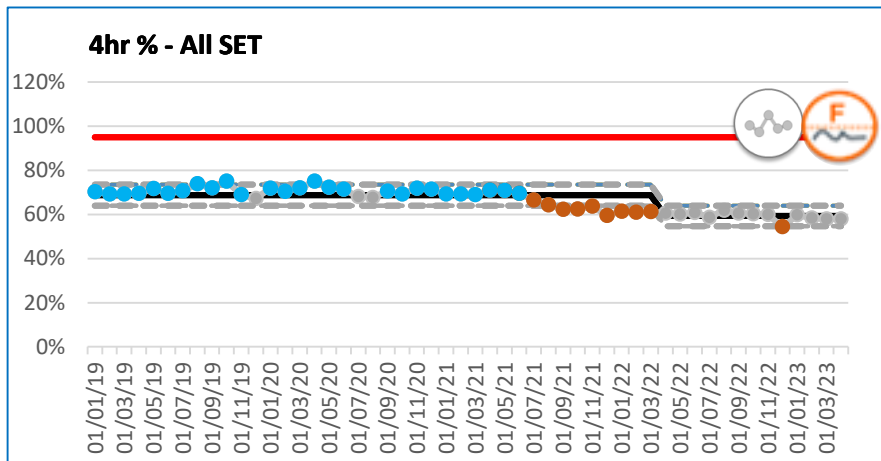
Discharges are managed quickly and efficiently, with patient safety at the centre of decision making.

In April there were 346 complex discharges, 36% of these were delayed less than 48 hours



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Unscheduled Care



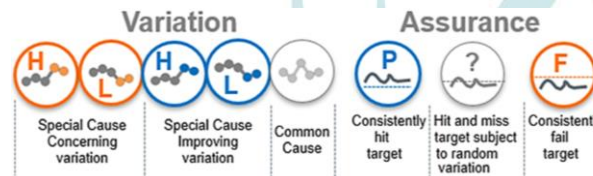
ED 4hr Performance is a CPD metric. 95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. In FY 22/23 the Trust consistently met this target for Downe and Ards MIU sites, however did not meet the target for Ulster or Lagan Valley sites.

The Ulster ED was the highest performing ED of the Big 5 hospitals across NI in relation to how quickly people are seen, assessed and treated, with 68% of patients commencing treatment within 2 hours of triage compared to regional average of 56%.

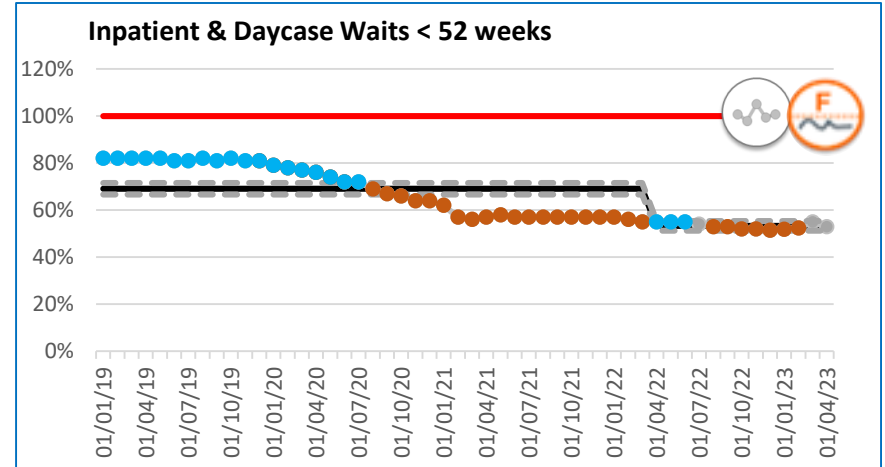
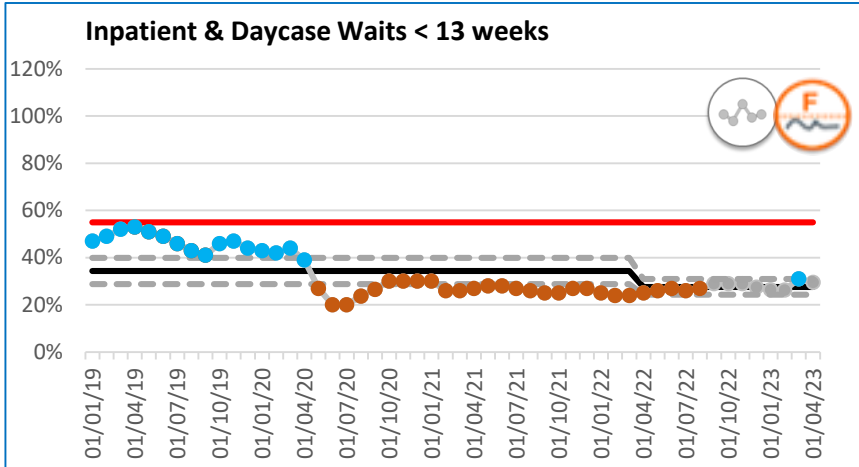
Our 4 hour performance, and ambulance handover times are impacted by the number of people waiting for a bed in an inpatient ward.



South Eastern Health and Social Care Trust

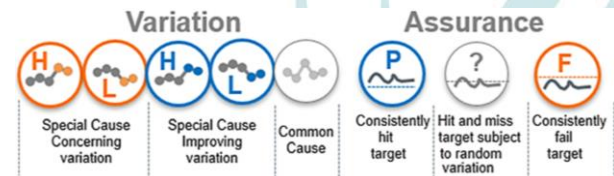


Inpatient and Daycase Waits



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 FY 22/23 the trust did not meet the 13 or 52 week targets.

There has been an improvement in the performance of inpatient and daycase waits under 13 weeks as cancer cases are prioritised. Waits over 52 weeks are routine and so are not prioritised with the exception of those waiting over eight years. Prioritisation of waits over eight years will move to over five years by the end of March 2024



Safety, Quality and Experience of Care

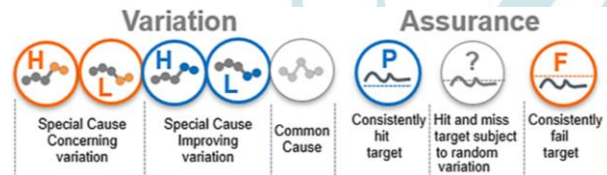
HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
and Social Care Trust



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 : 64 > 48 hours</p> <p>MRSA: 2 < 48 hours, : 6 > 48 hours</p> <p>2023/24: CDI: 1 < 48 hours : 3 > 48 hours</p> <p>MRSA: 0 < 48 hours, : 0 > 48 hours</p> <p>All HCAI's will be actively monitored and any preventative measures taken when 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 April</th> <th>April Episodes</th> </tr> </thead> <tbody> <tr> <td>C.difficile</td> <td>55</td> <td>75</td> <td>55</td> <td>4.58</td> <td>4</td> <td>4</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>8</td> <td>5</td> <td>0.42</td> <td></td> <td></td> </tr> <tr> <td>All Gram Negative#</td> <td>39</td> <td>73</td> <td>39</td> <td>3.25</td> <td>13</td> <td>13</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 April	April Episodes	C.difficile	55	75	55	4.58	4	4	MRSA	5	8	5	0.42			All Gram Negative#	39	73	39	3.25	13	13		
			~ 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 April	April Episodes																								
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Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
and Social Care Trust

Performance Summary

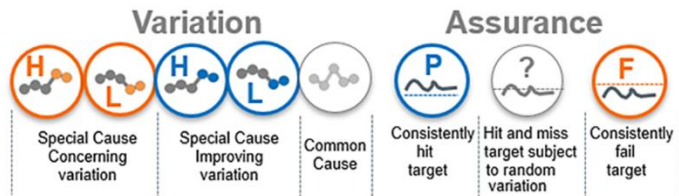
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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.

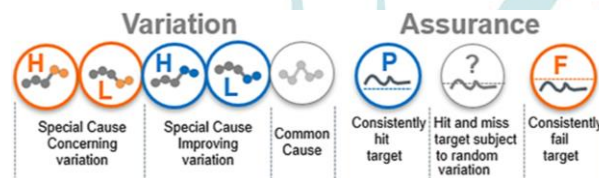
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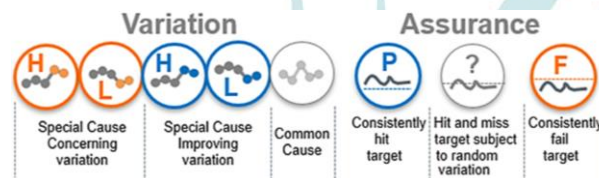
- Adult Speech and Language Therapy – Number on the waiting list
- Adult Speech and Language Therapy - > 13 week waits


















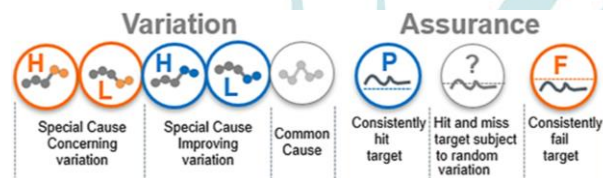
KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Apr 23	176	-		
CDS Contact Review	Apr 23	813	-		
Complex Discharges (n)	Apr 23	346	-		
Complex Discharges < 48hrs - All SET	Apr 23	36%	90%		
Complex Discharges < 7 days	Apr 23	78%	100%		
Dom Care Hours Delivered Stat	Mar 23	57151	-		
Dom Care Hours Delivered Ind	Mar 23	301553	-		
AHP < 13 weeks	Apr 23	66%	100%		
District Nursing Contacts	Apr 23	21221	-		
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	Apr 23	50	-		



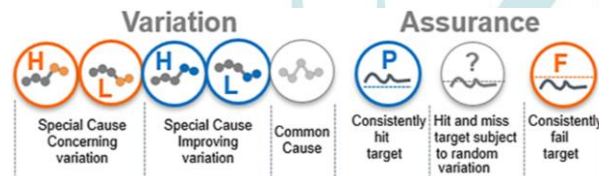
KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Apr 23	382	-		
Speech & Language Therapy Review Contacts	Apr 23	3235	-		
Physio New	Apr 23	1564	-		
Physio Review	Apr 23	4450	-		
Occupational Therapy New	Apr 23	883	-		
Occupational Therapy Review	Apr 23	2369	-		
Dietetics New	Apr 23	604	-		
Dietetics Review	Apr 23	842	-		
Orthoptics New	Apr 23	125	-		
Orthoptics Review	Apr 23	440	-		
Podiatry New	Apr 23	600	-		
Podiatry Review	Apr 23	2419	-		



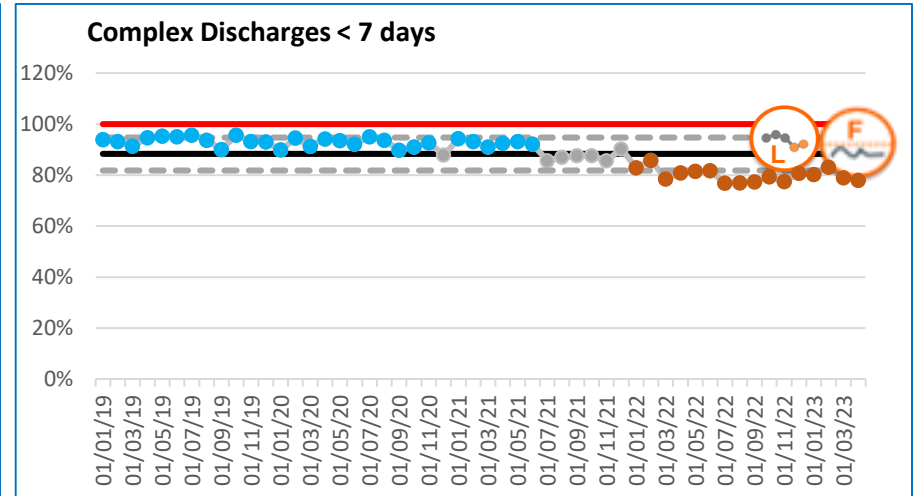
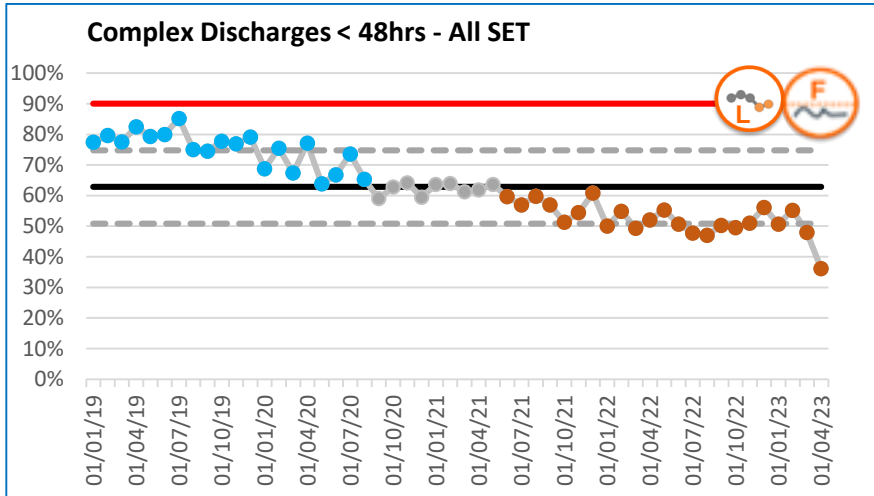
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Apr 23	2280	-		
Occupational Therapy >13 Week Waits	Apr 23	1057	0		
Orthoptics Number on WL	Apr 23	363	-		
Orthoptics >13 Week Waits	Apr 23	40	0		
Podiatry Number on WL	Apr 23	2256	-		
Podiatry >13 Week Waits	Apr 23	832	0		
Physiotherapy Number on WL	Apr 23	7897	-		
Physiotherapy >13 Week Waits	Apr 23	2922	0		
Dietetics Number on WL	Apr 23	1705	-		
Dietetics >13 Week Waits	Apr 23	191	0		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Apr 23	618	-		
Speech and Language Therapy Adult >13 Week Waits	Apr 23	105	0		
Speech and Language Therapy Child Number on WL	Apr 23	473	-		
Speech and Language Therapy Child >13 Week Waits	Apr 23	115	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 FY 22/23 the trust did not meet the 48hr or 7 day targets.

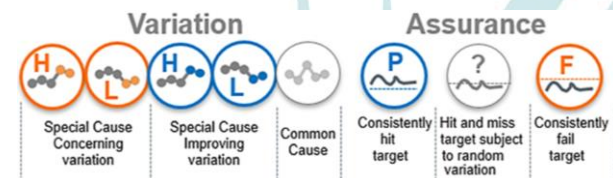
There are challenges and pressures impacting efforts in relation to timely discharge for complex patients. Availability of domiciliary care and access to suitable care home beds continues to present difficulties

There have been a number of new roles created to maximise flow:

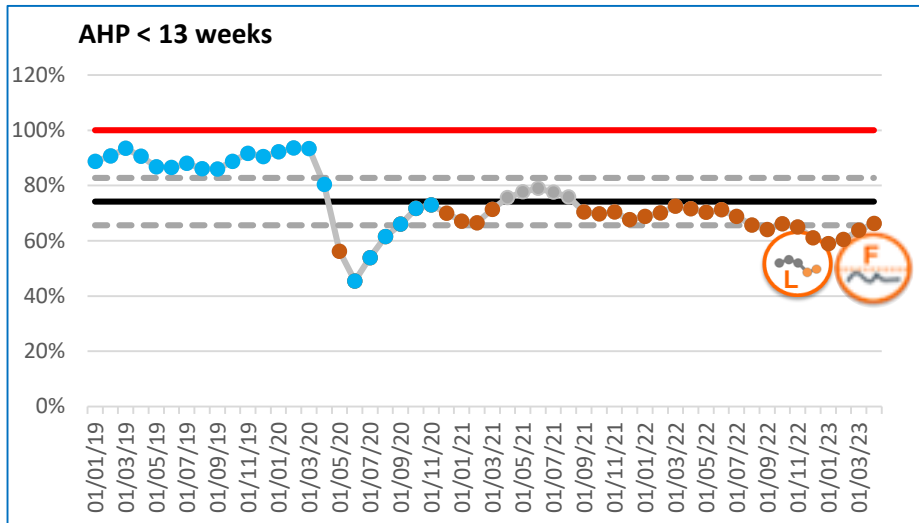
Care Home Liaison role within Hospital Social Work & Discharge Hub – to specifically focus on the flow of complex patients requiring placement in a Care Home facility upon discharge from hospital. Providing a single point of contact to independent sector colleagues, supporting timely decisions and providing support across acute in regards to barriers to discharge

Tracker Role introduced to Discharge Hub – to support tracking and escalation of outstanding MDT Assessments required to progress timely discharge of complex patients – role is temporary and benefits will be monitored

Social Work Lead in Older People's Short Term Assessment Team to specifically focus on flow through Intermediate Care Beds - strengthening governance arrangements, accountability regarding risk management, safeguarding, quality of care



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 FY 22/23 the trust did not meet the 13 week target, however significant improvement was seen in quarter 4. SET AHP Compliance continues on an upward trajectory In April 2023 66% of patients commenced treatment 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 OT, Podiatry and Physiotherapy continues to have a large impact on the overall presentation.

SLT; Orthoptics; Dietetics are performing well despite individual staffing challenges.

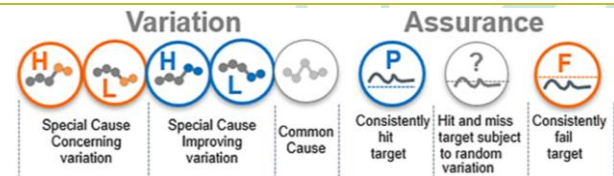
A number of factors affect the performance of some AHP services against this metric

- Increased number of referrals requiring urgent intervention limits the capacity to see referrals triaged as routine.
- increased complexity of referrals requiring a longer treatment tail which decreases capacity (Pod / OT)
- Significant vacancies and Mat Leave in comparison to 2019 limits capacity (Physio / Adult SLT)

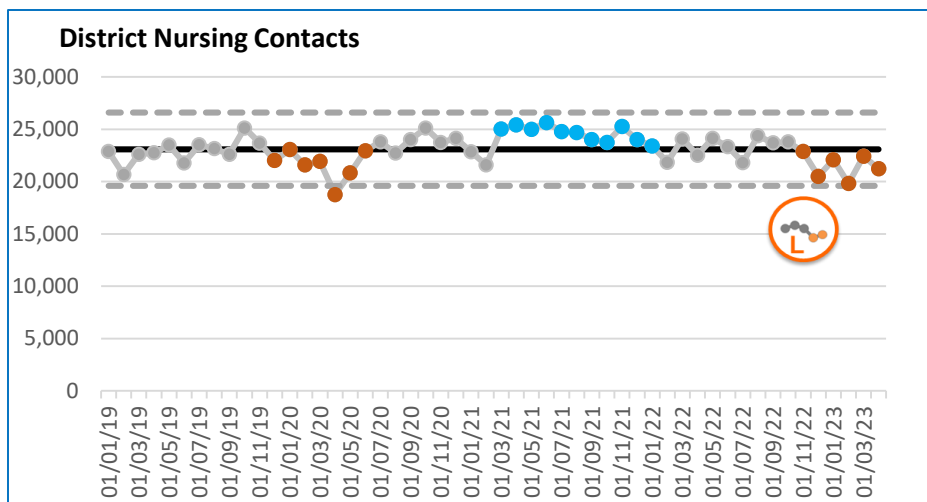
The filling of vacancies is prioritised against areas associated with unscheduled care to relieve pressures and assist with patient flow.

All Areas are seeing an increase in activity which is having a positive impact on Waiting lists

This is due to performance initiatives including Telephone triage / Waiting List validation and new High volume clinics for low risk / less complex referrals

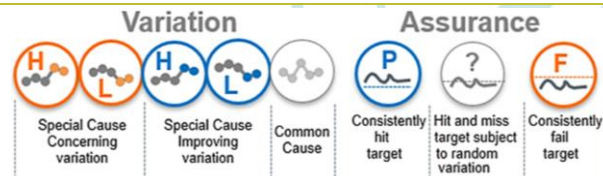


District Nursing Contacts



District Nursing Contacts is a Service Delivery Plan metric.

The DN service continues to operate in accordance with Regional DN referral criteria. We continue to have vacant and absent posts and are utilising bank staff to support the teams. The DN Direct Patient Contacts for this year are 287,656



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
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Performance Summary

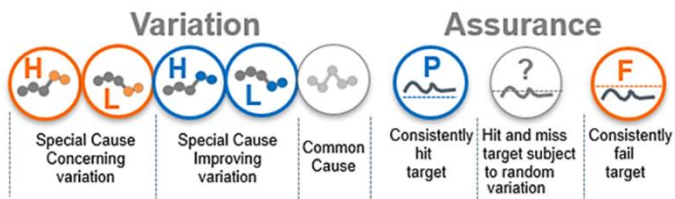
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.

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.

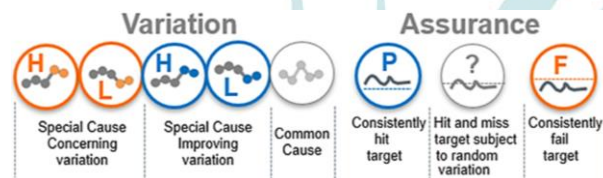
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

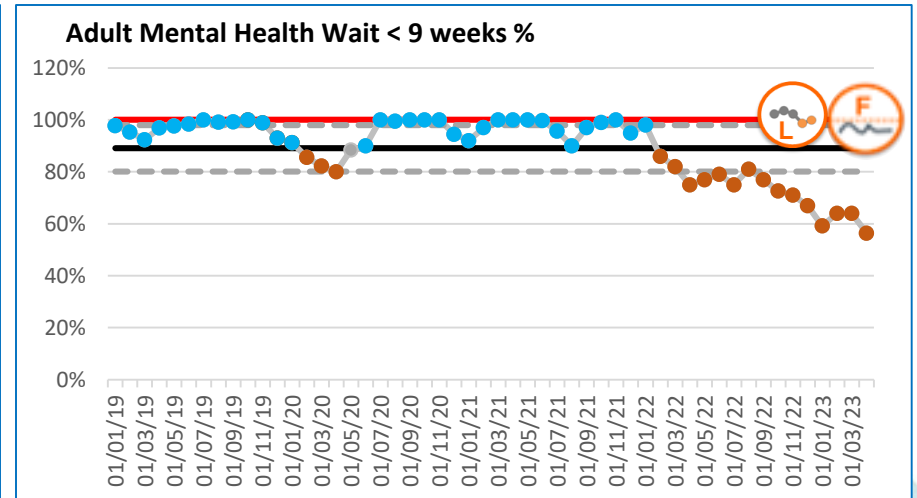
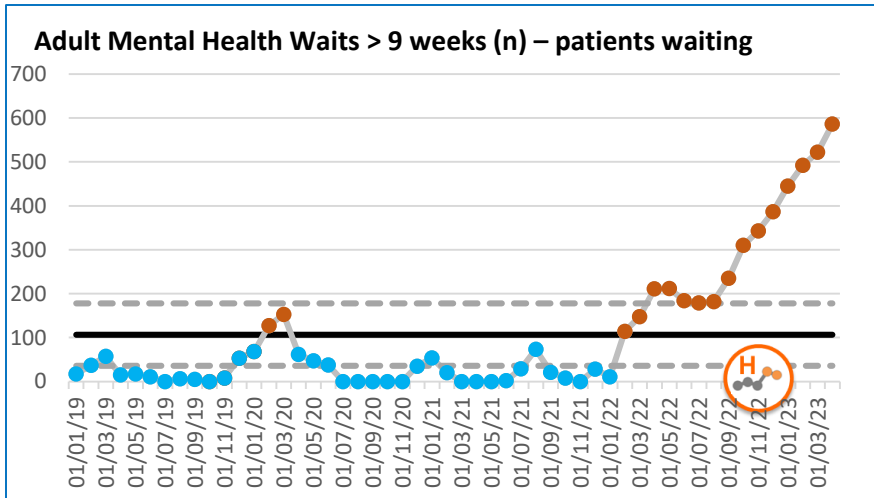
- Adult Day Care Attendances (Adults and Older People)
- Dementia Services – 9 week waits
- Dementia Services – breaches



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Apr 23	586	-		
Adult Mental Health Wait < 9 weeks %	Apr 23	56%	100%		
Adult Mental Health Non-Inpatient New	Apr 23	717	-		
Adult Mental Health Non-Inpatient Review	Apr 23	5404	-		
Adult Day Care Attendances (Adult Disability and Older People)	Apr 23	6632	-		
Psychological Therapies - New Contacts	Apr 23	177	-		
Psychological Therapies - Review Contacts	Apr 23	1757	-		
Dementia Contacts New	Apr 23	112	-		
Dementia Contacts Review	Apr 23	668	-		
Dementia Services - No patient wait longer than 9 wks	Apr 23	41.0%	100.0%		
Dementia Services - No patient wait longer than 9 wks - breaches	Apr 23	335	-		



Adult Mental Health Waits



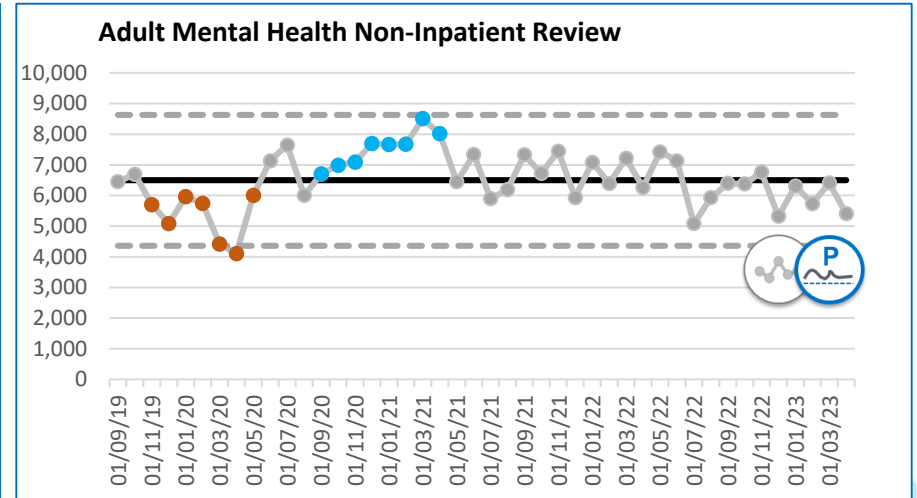
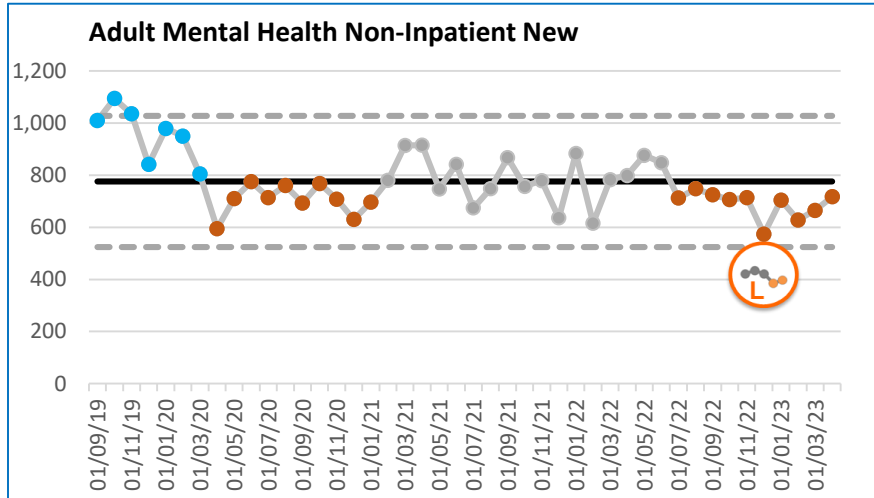
No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services. These metrics form part of the traditional CPD targets. In FY 22/23 the trust did not meet 9 week target.

A number of factors have impacted on our capacity to assess new patients, which include:

- Workforce pressures (vacancies and absence in NDA in particular) – **Mitigations include a significant push to recruit in recent weeks**
- Increased referral rates for emergency and urgent assessments – **Mitigations have included effective triage of referrals by CMHT**
- Extension of the time required to conduct assessments as a result of implementing SAI recommendations and good practice initiatives, such as: safety planning, the suicide prevention care pathway, warm handovers, think family approaches (including more robust collaboration with families) which result in a better quality of service which comes at a cost of time.

If industrial action continues, it will also have an adverse impact on our ability to meet the target in future months. The implications of Encompass will be highly likely to mean increased clinical time required to enable effective record management as we approach go-live and for a period thereafter. This will further impact our ability to meet targets

Adult MH Non-Inpatient



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

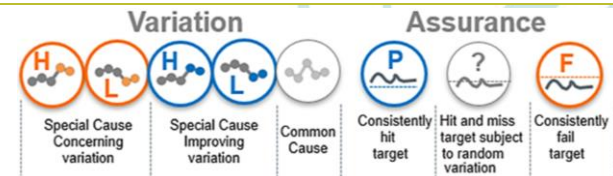
In 2022/23 we have struggled to meet the 'new' contact target, principally as a consequence of workforce pressures (vacancies and absence in NDA). Other factors have impacted on our capacity to assess new patients, which include:

- Increased referrals
- Extension of the time required to conduct assessments as a result of implementing SAI recommendations and good practice initiatives, such as:
 - safety planning,
 - the suicide prevention care pathway,
 - warm handovers,
 - think family approaches (inc. more robust collaboration with families)

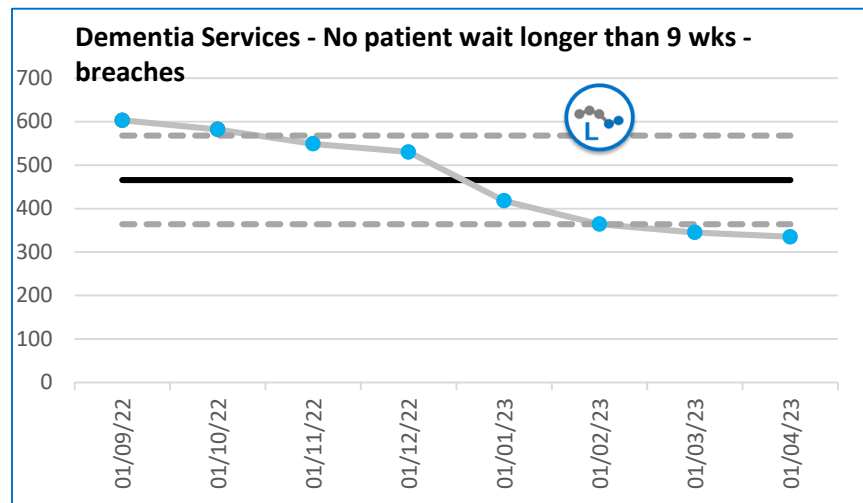
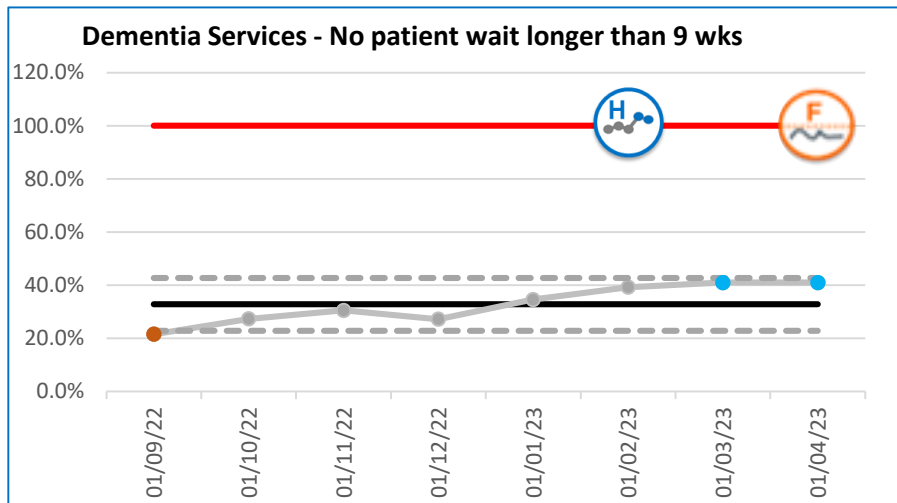
All of which result in a better quality of service which comes at a cost of time.

Increased demand on staff for non patient-facing activities has impacted capacity to complete direct contacts

However staff have continued to work diligently, improving in the last quarter and getting closer to the average by the end of the year.



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. Since performance monitoring started in 22/23 the trust has not met the 9 week target.

Dementia Services: no patient is to wait longer than 9 weeks from referral to commencement of treatment. This metric is included from the traditional CPD reporting targets, and refers to Outpatient activity alone in line with PAS returns. It does not record where other professionals, e.g. Dementia Navigators, may have had valuable input.

Since performance monitoring started in 22/23 the service has continued on an improvement trajectory, utilising new ways of working, waiting list initiative funding and maximising outpatient attendance. The Dementia Service improvement journey continues.

(Of note: SPPG recognise that in the absence of regionally agreed metrics and definitions of 'treatment', Trusts are not measuring 'like with like', and activity comparisons with other Trusts should be informed by this caveat.)

Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust

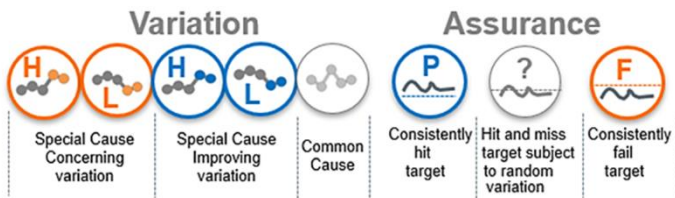


Performance Summary

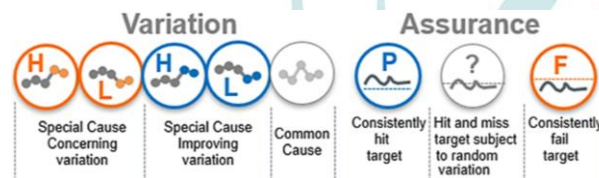
Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

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.

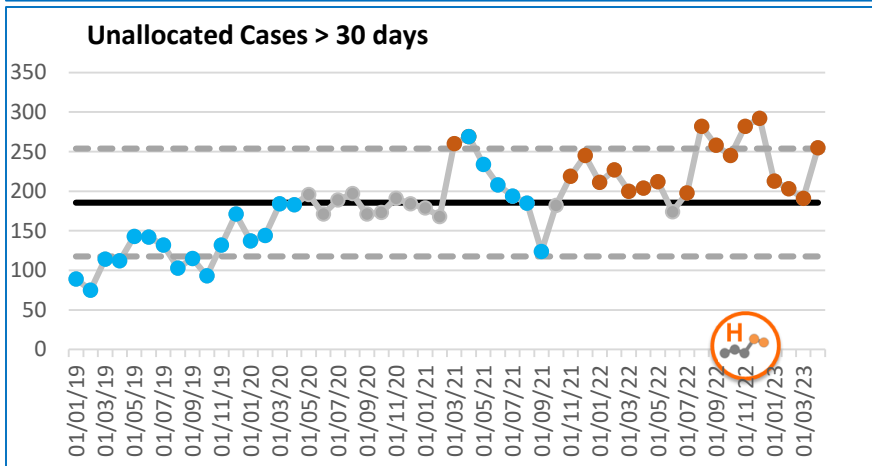
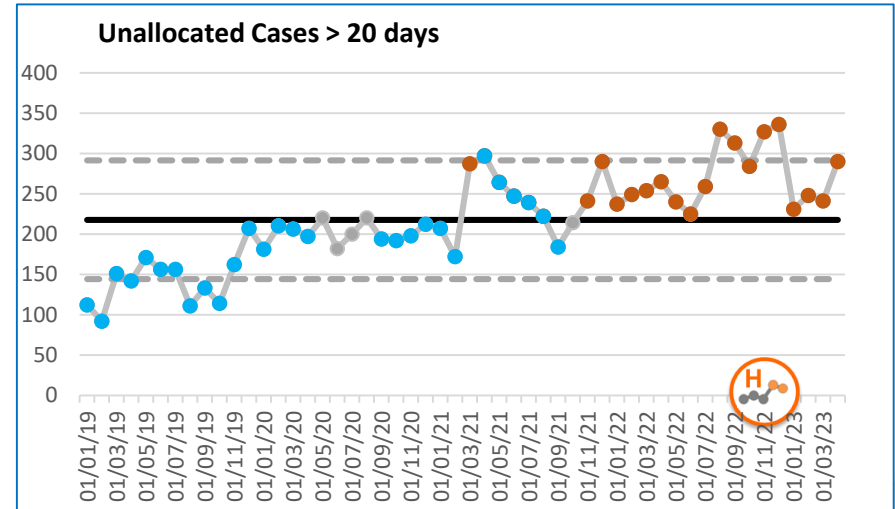
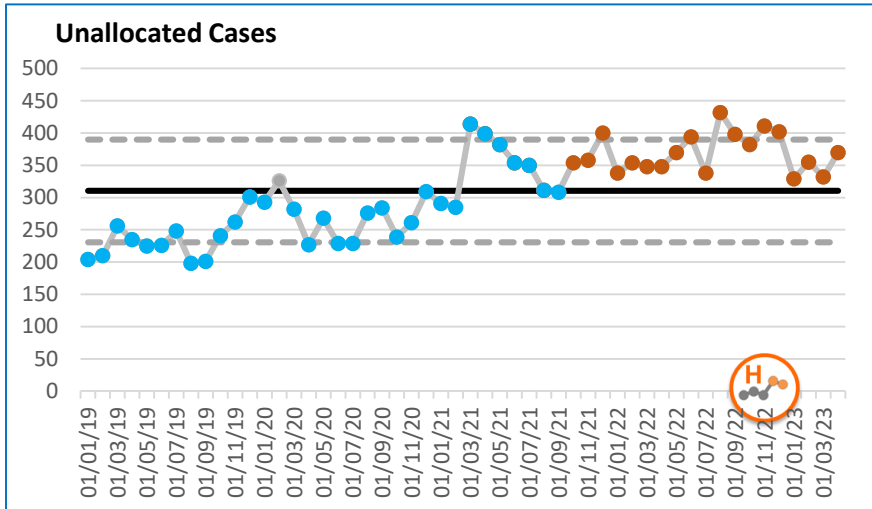
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Apr 23	126	-		
Unallocated Cases	Apr 23	370	-		
Unallocated Cases > 20 days	Apr 23	290	-		
Unallocated Cases > 30 days	Apr 23	255	-		
% of review CP case conferences held with 3 months	Apr 23	82%	-		
Total reviews held within 3 months	Apr 23	9	-		
% of subsequent CP case conferences held within 6 months	Apr 23	71%	-		
Total subsequent reviews held within 6 months	Apr 23	12	-		
% of Initial child protection cases conferences held within 15 days	Apr 23	91%	-		

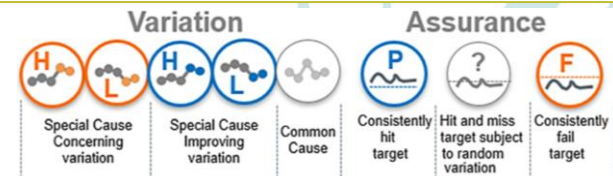


Unallocated Cases

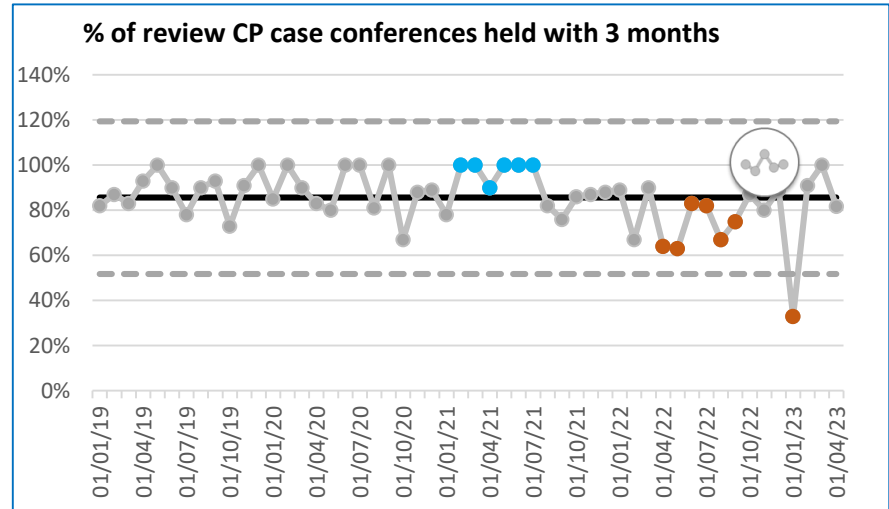
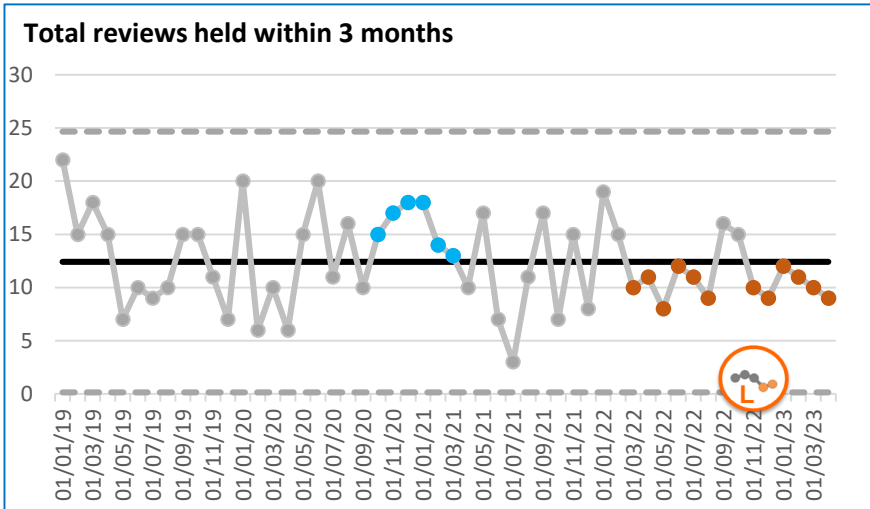


Unallocated cases are taken from the CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children’s Services.

Unallocated cases enhanced CUP governance process now in place across all Safeguarding and Children’s Disability Teams. Skills mix family support model successfully piloted in Ards locality will be scaled and spread across all of Safeguarding and Children’s Disability in recognition of reduced supply of social workers to fill vacancies.

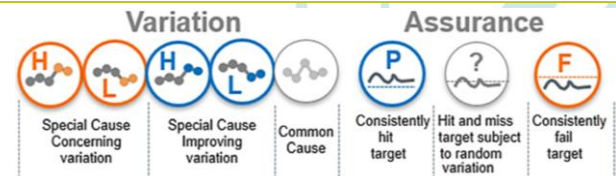


Case Conference Reviews



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

In Down and Ards sectors, where there have been both case conference chair long term absences and minute taker absences these sectors have action plans in place which are using peripatetic Principal Social Work (PSW) support from other areas of children's services



Appendix

SPC monitoring across all directorates



South Eastern Health
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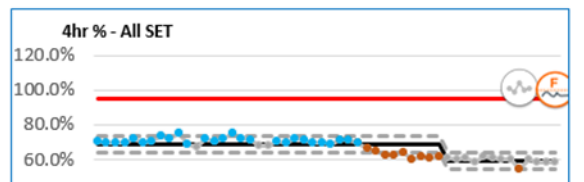
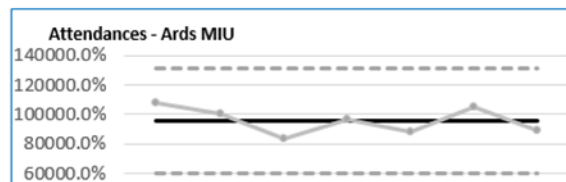
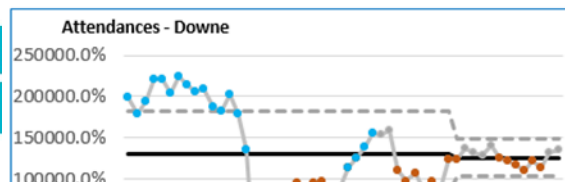
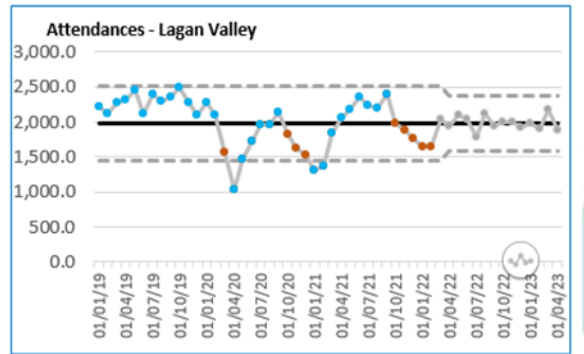
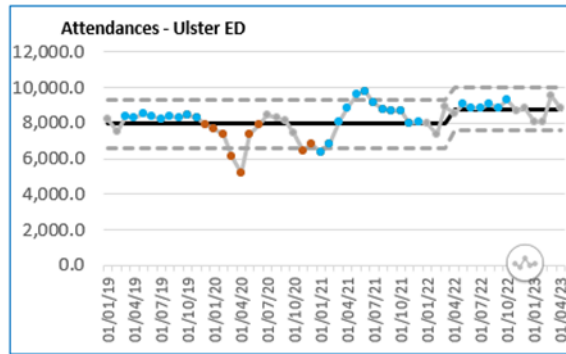
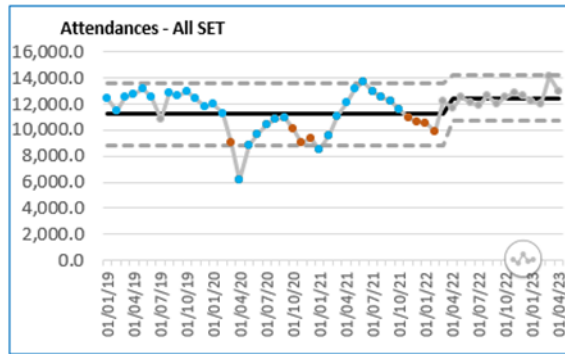
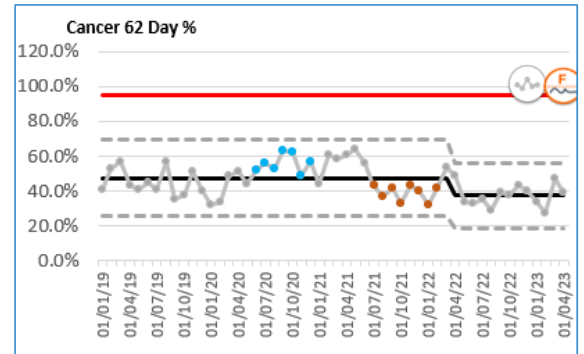
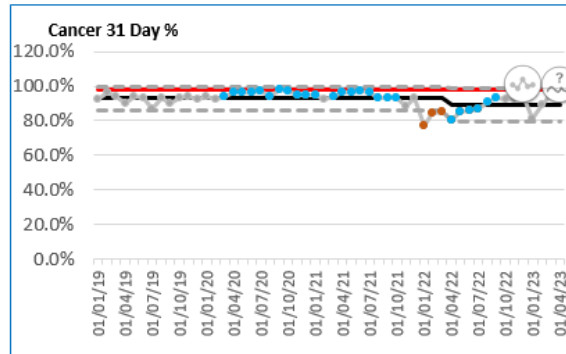
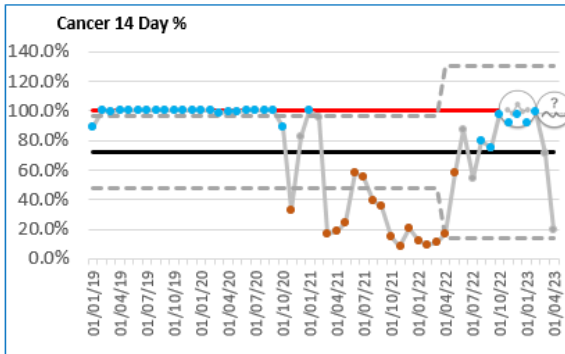
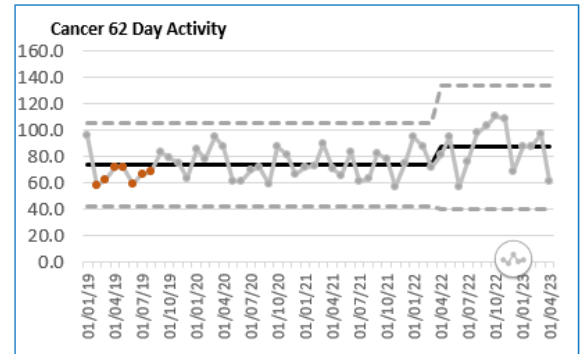
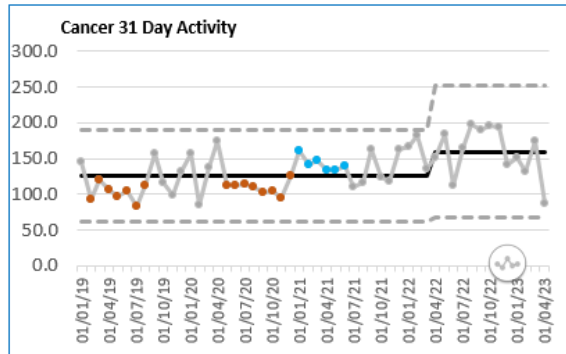
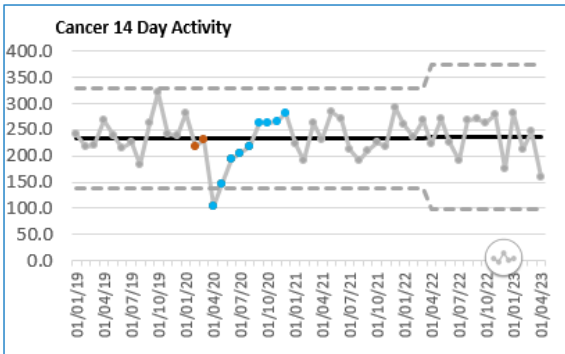
Safety, Quality and Experience of Care

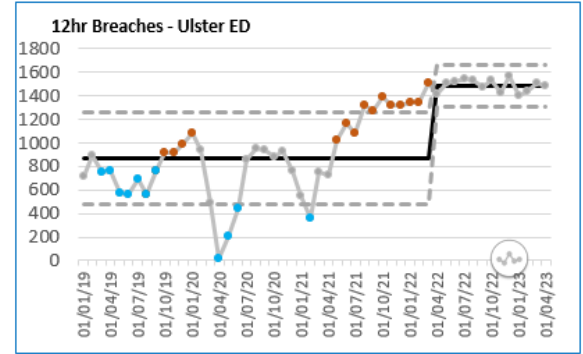
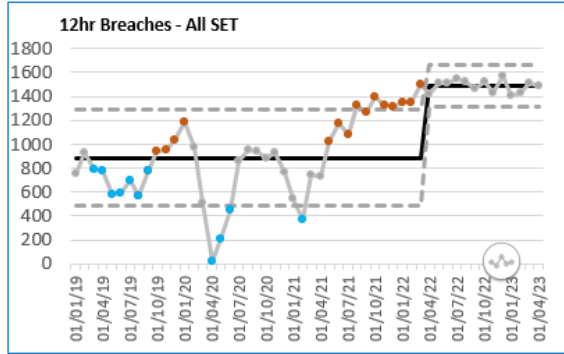
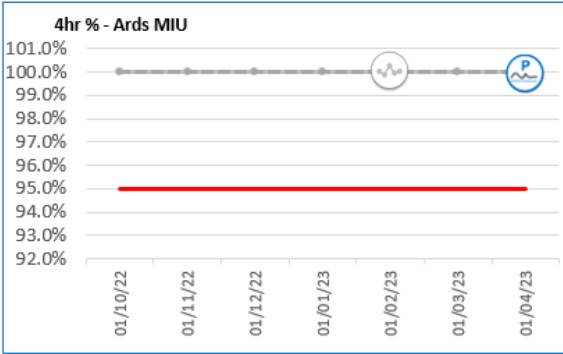
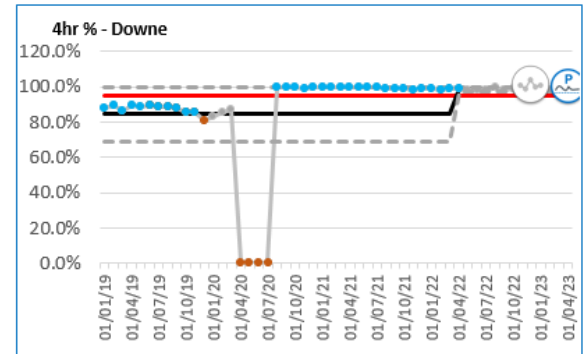
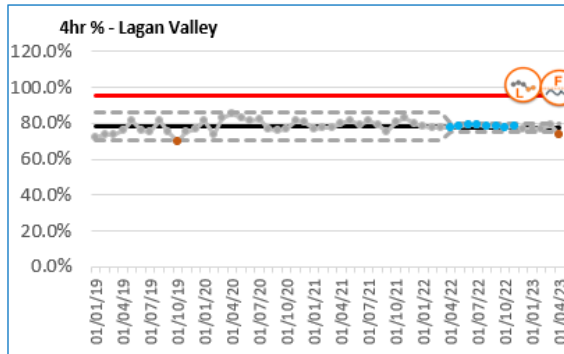
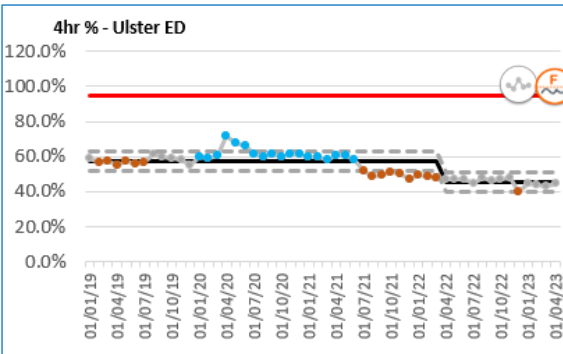
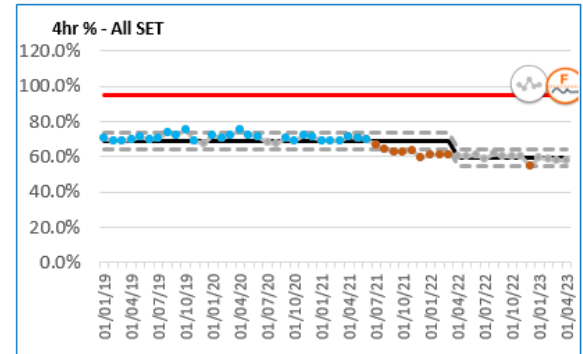
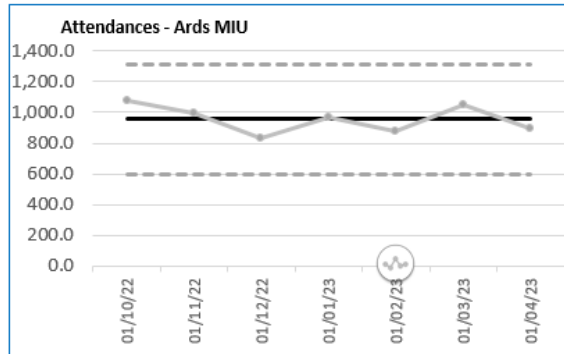
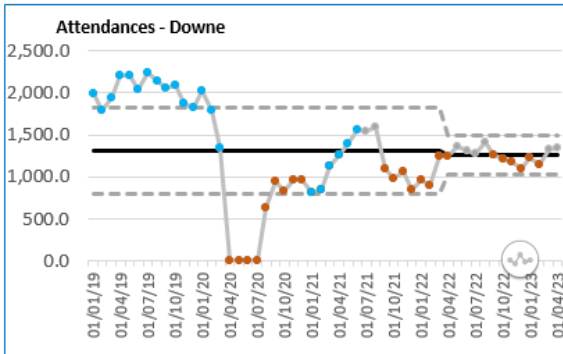
HOSPITAL SERVICES

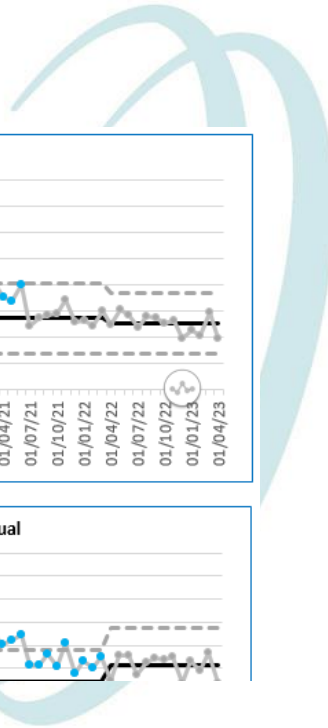
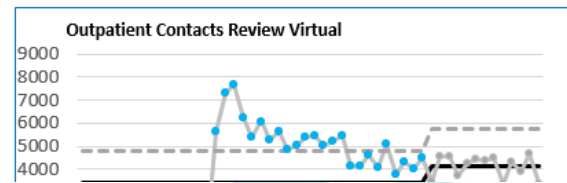
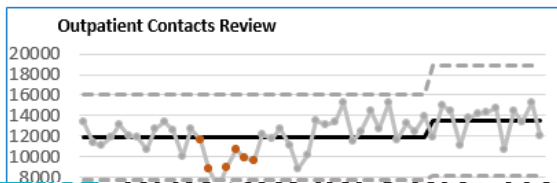
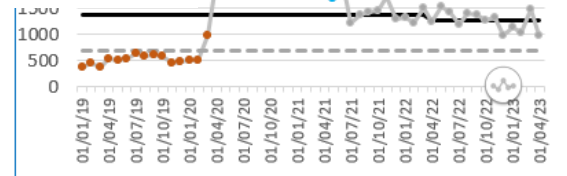
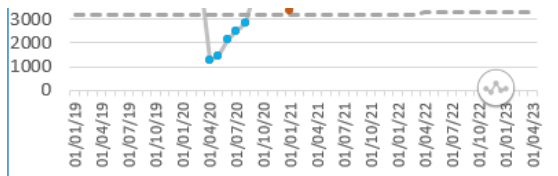
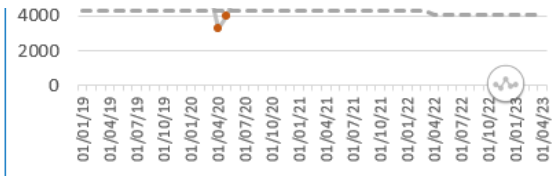
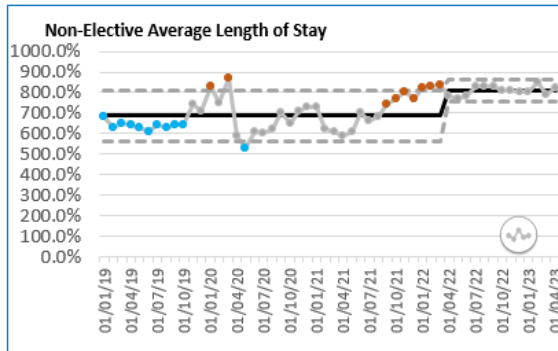
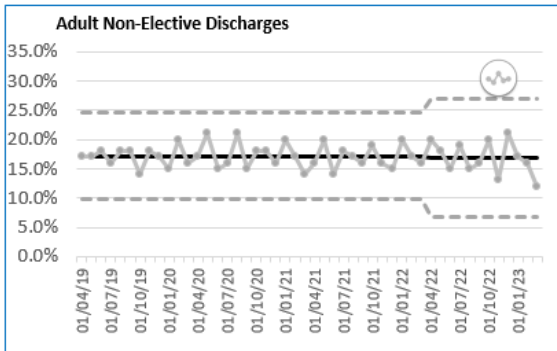
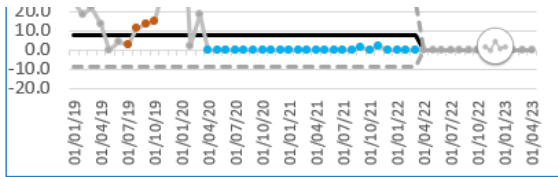
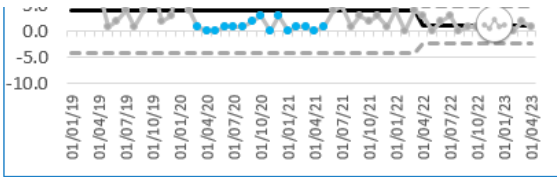
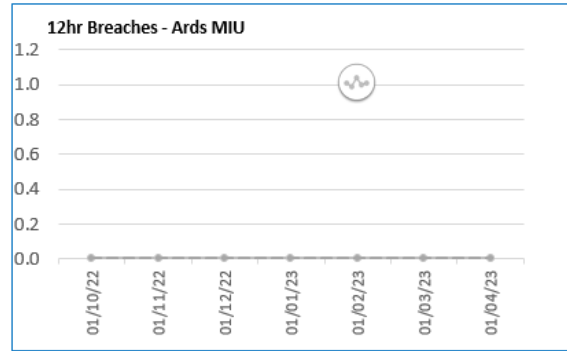
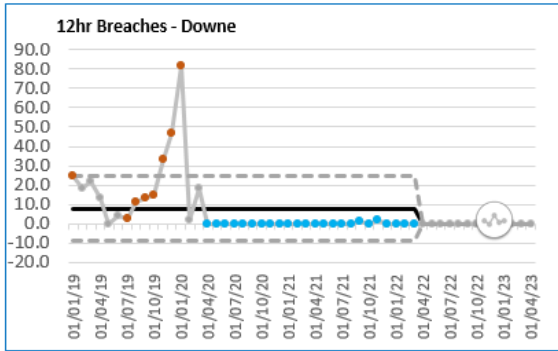
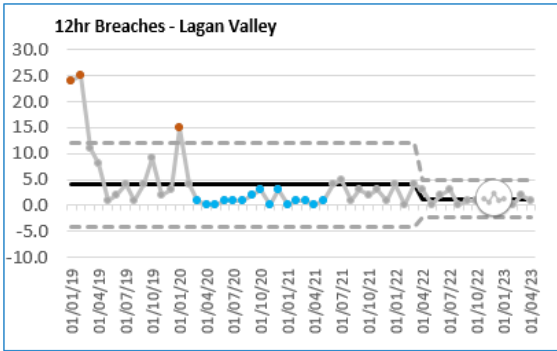


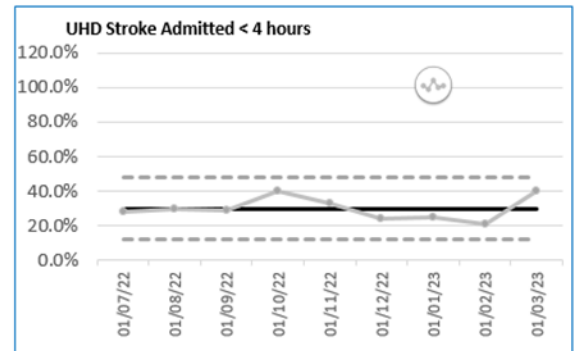
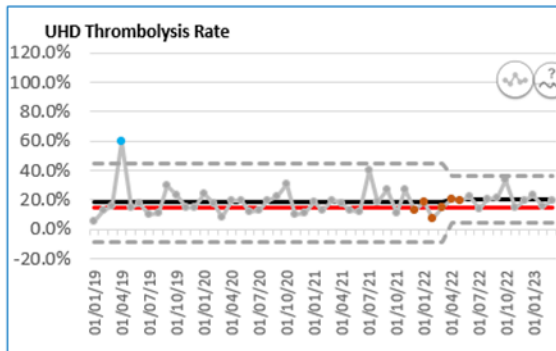
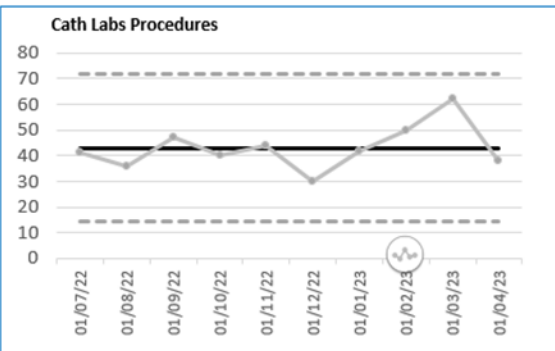
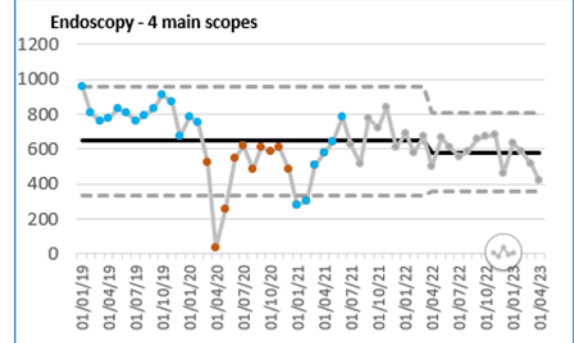
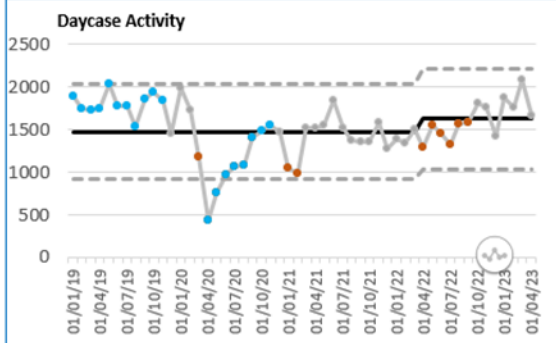
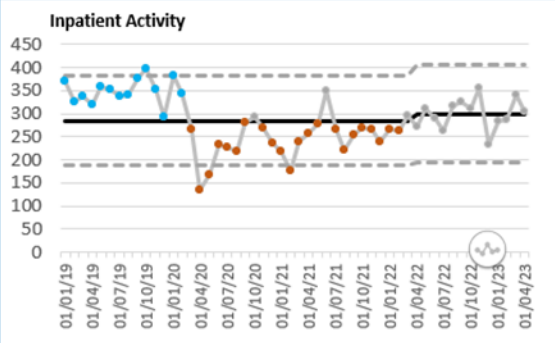
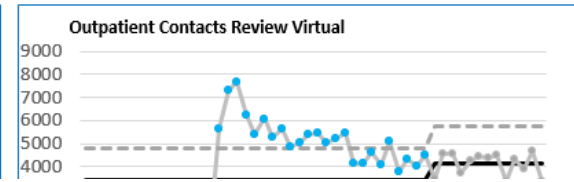
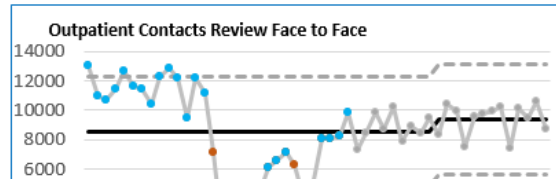
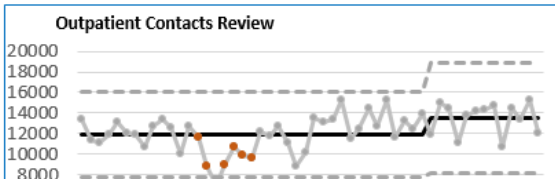
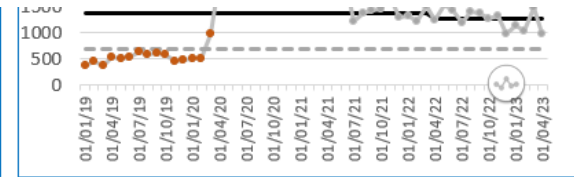
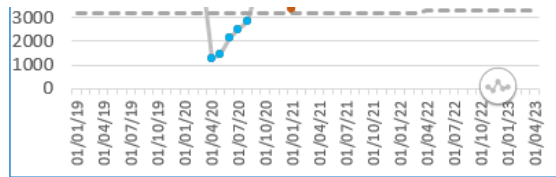
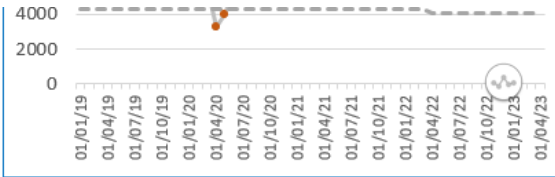
South Eastern Health
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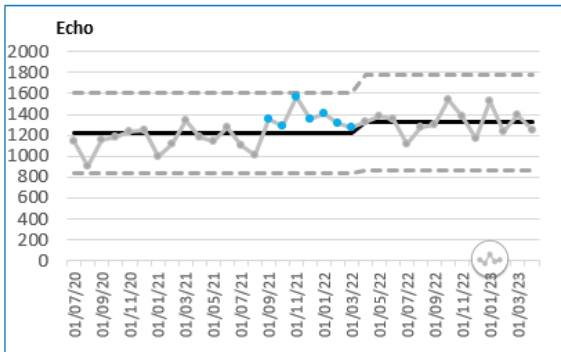
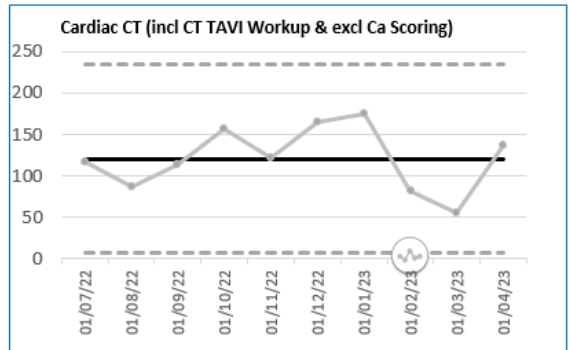
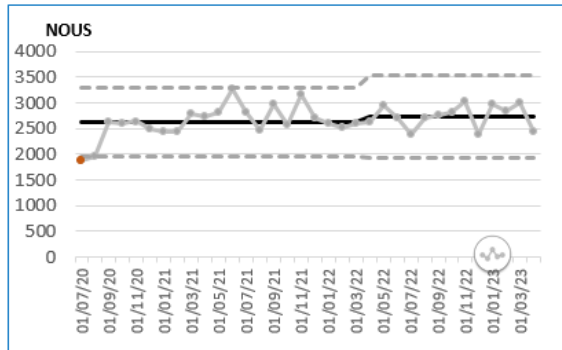
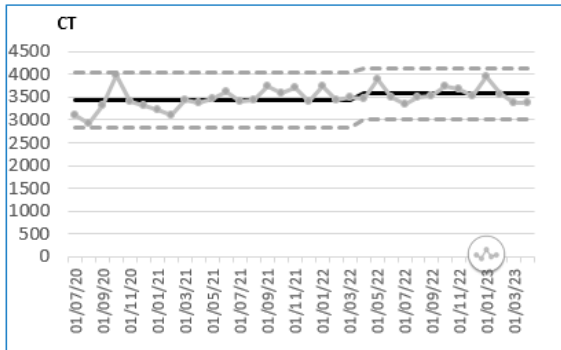
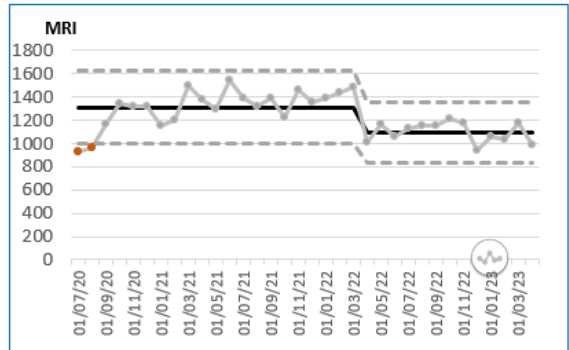
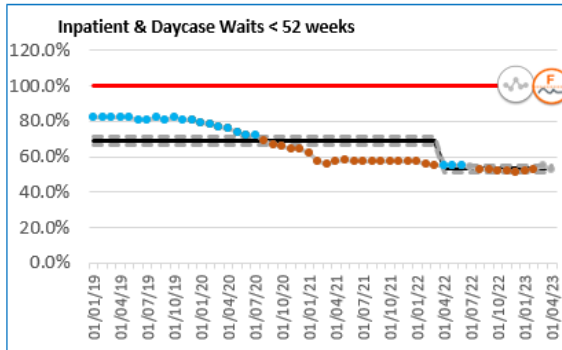
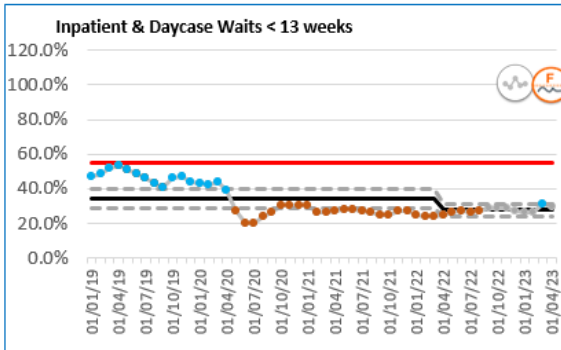










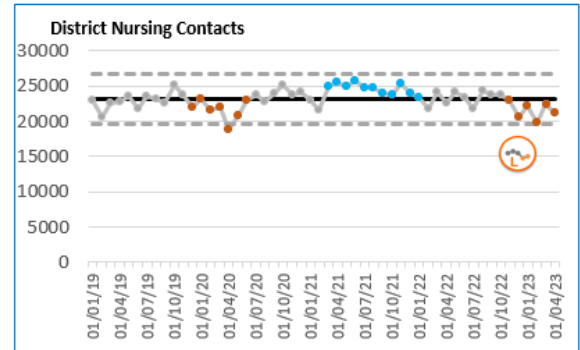
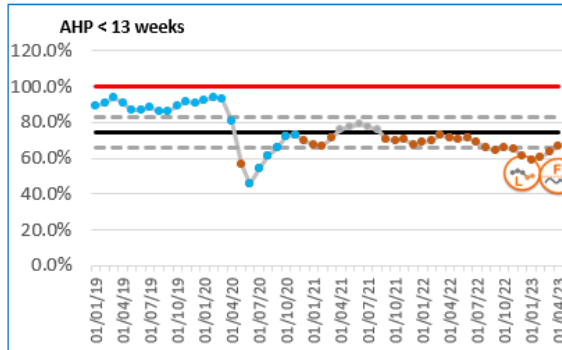
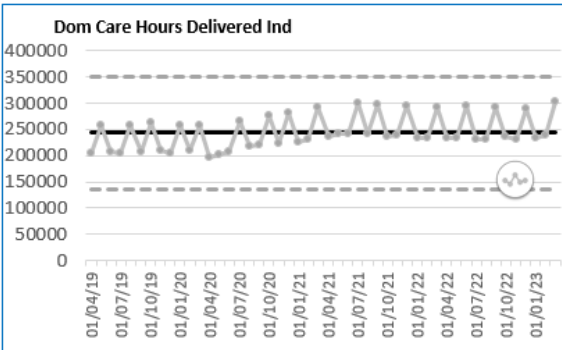
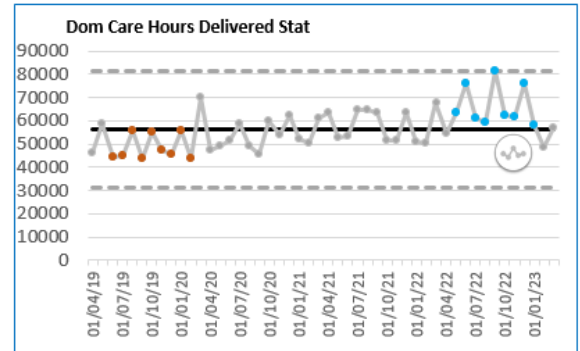
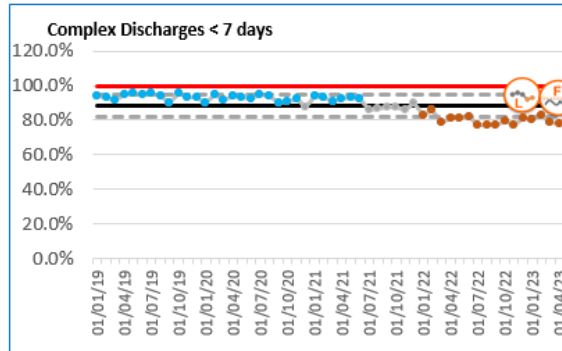
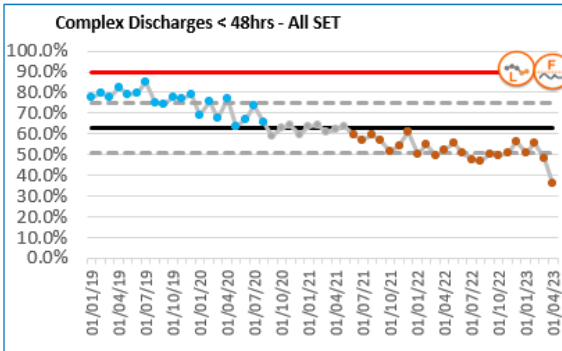
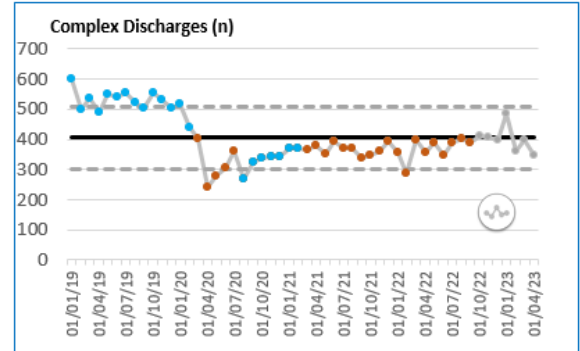
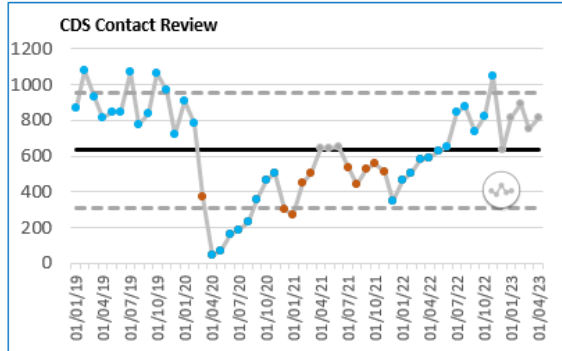
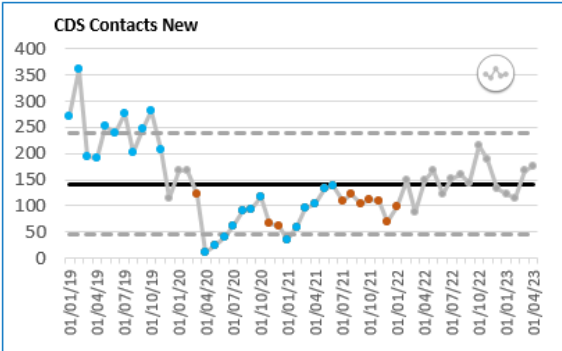


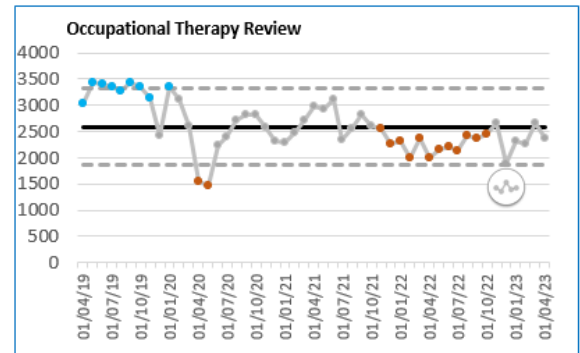
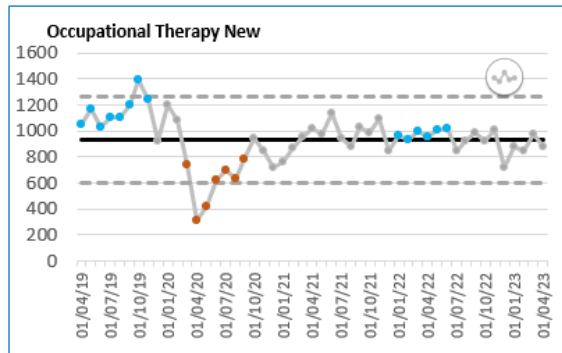
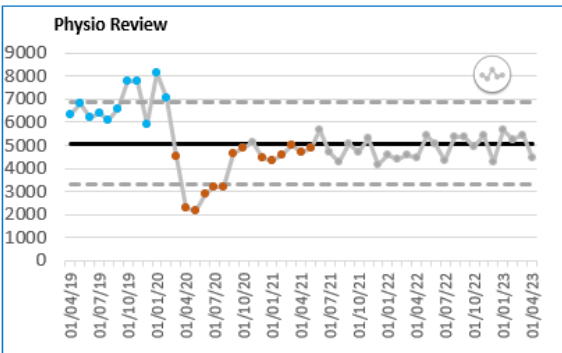
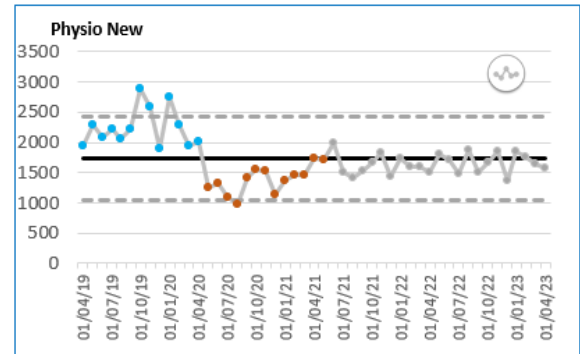
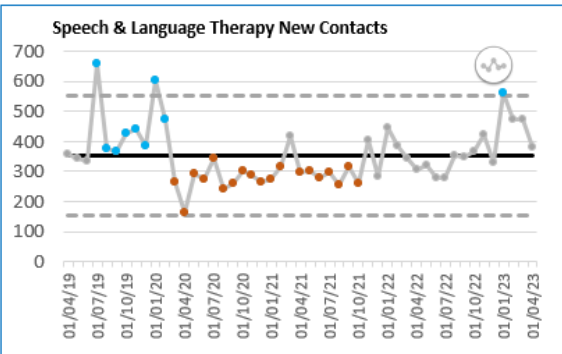
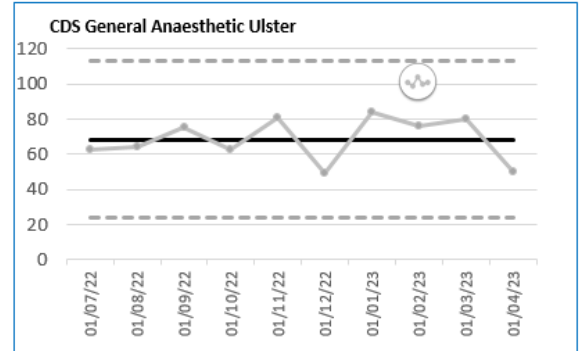
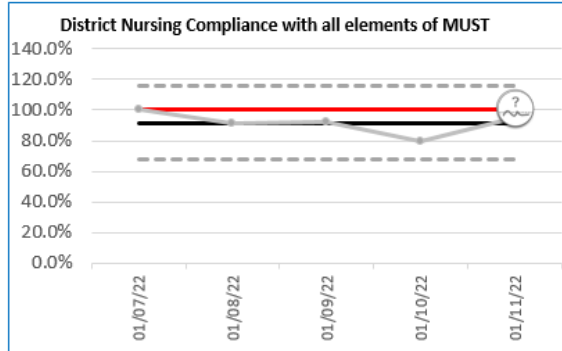
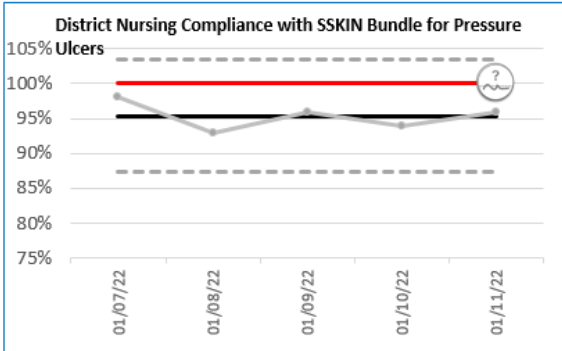
Safety, Quality and Experience of Care

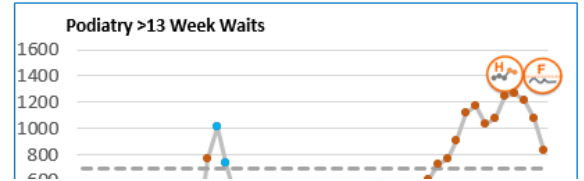
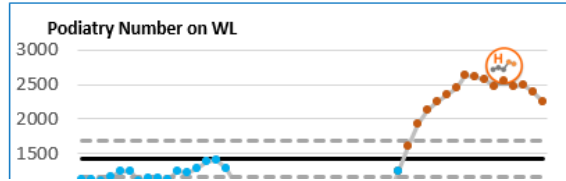
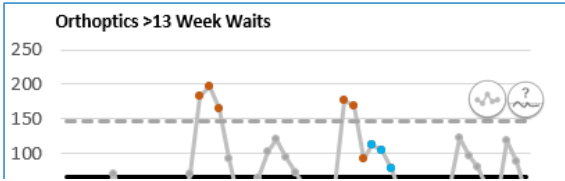
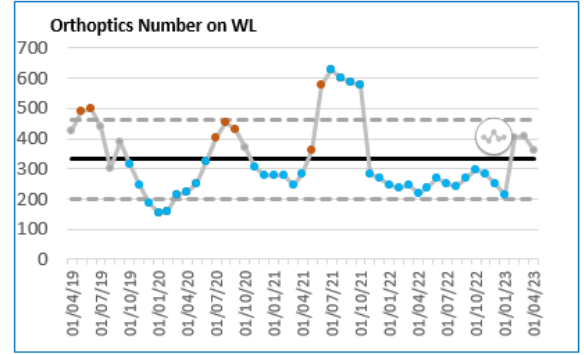
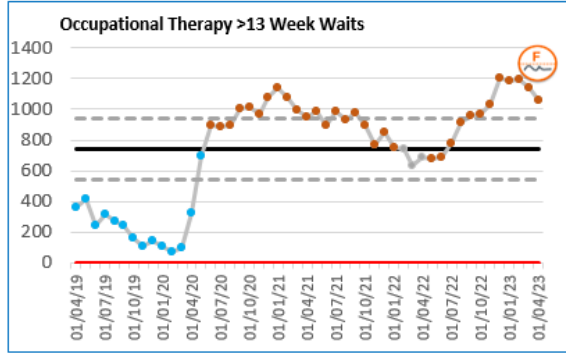
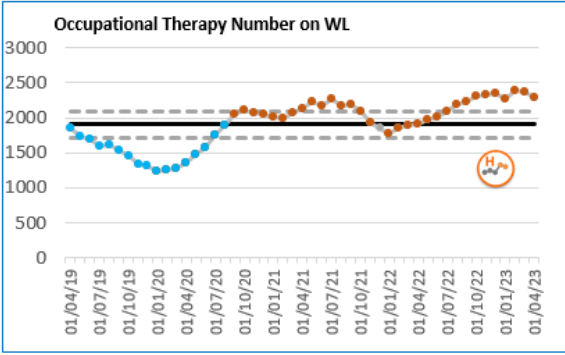
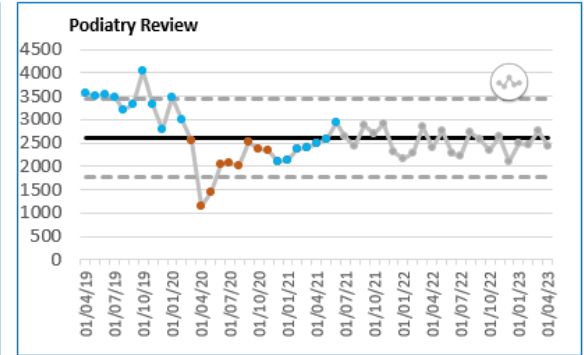
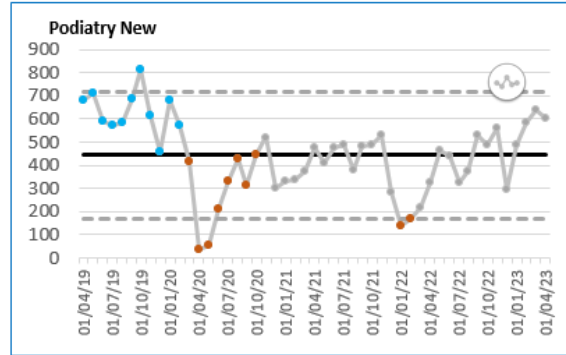
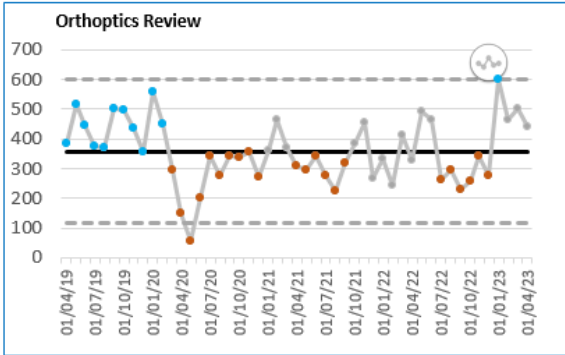
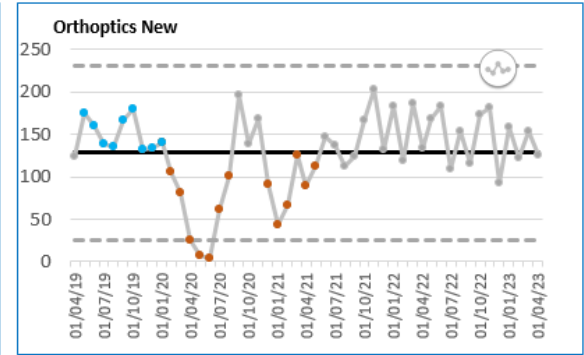
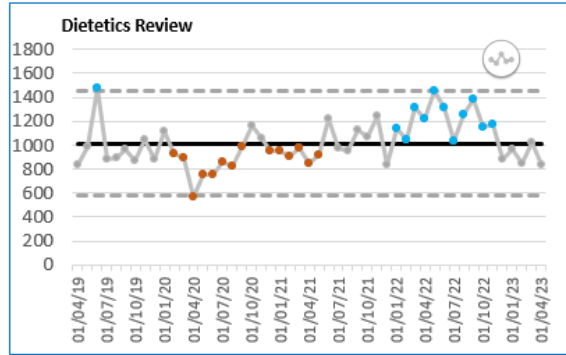
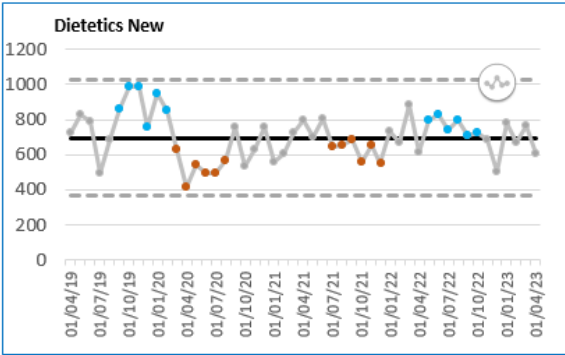
PRIMARY CARE AND OLDER PEOPLE

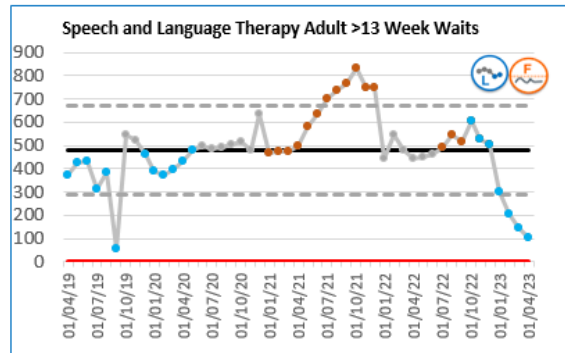
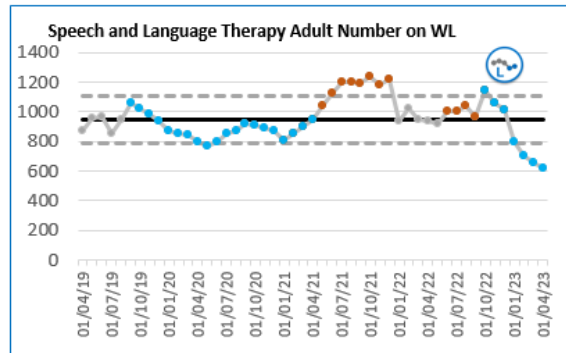
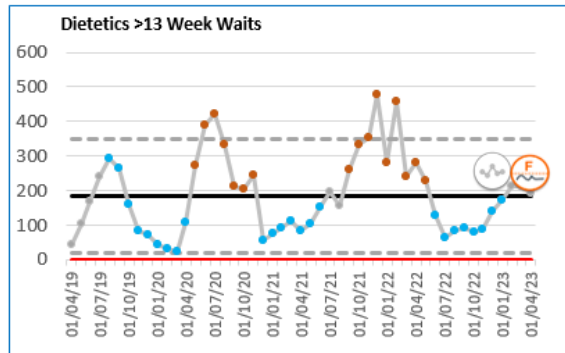
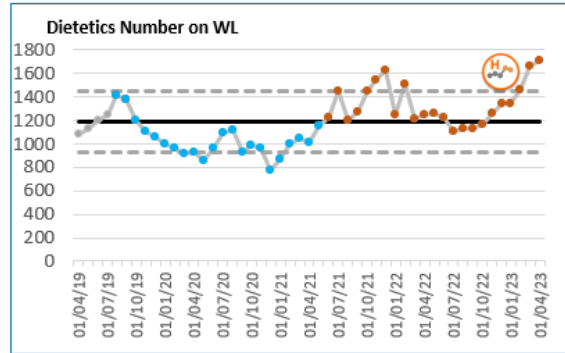
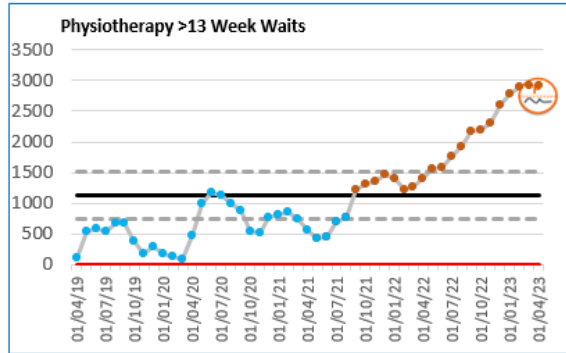
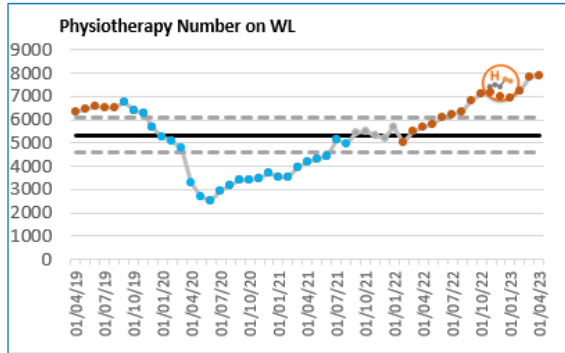
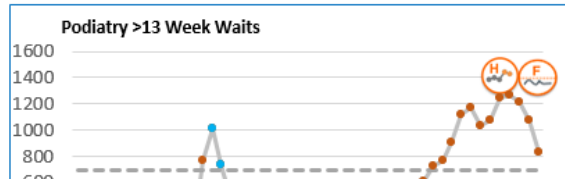
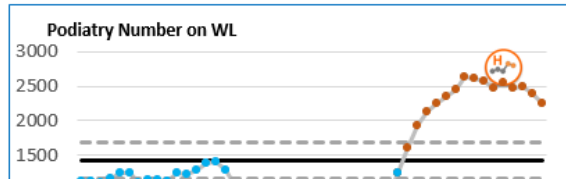
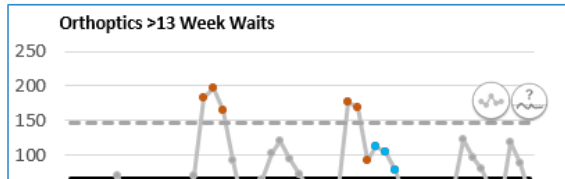
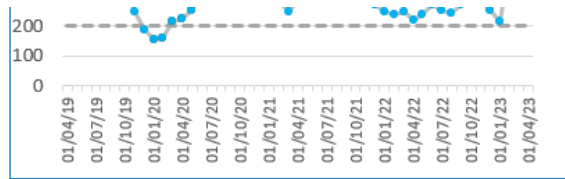
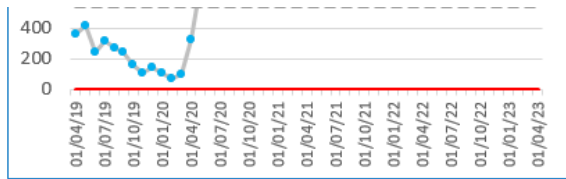
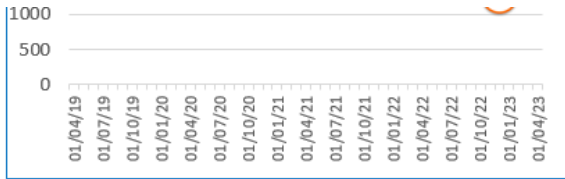


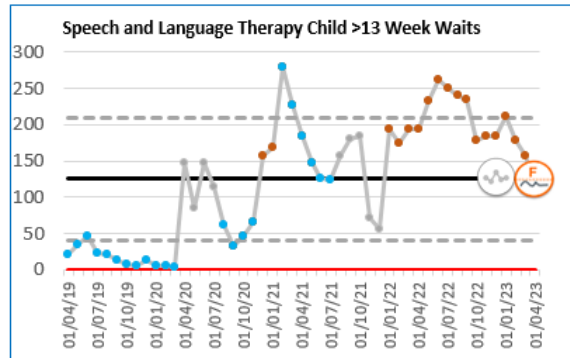
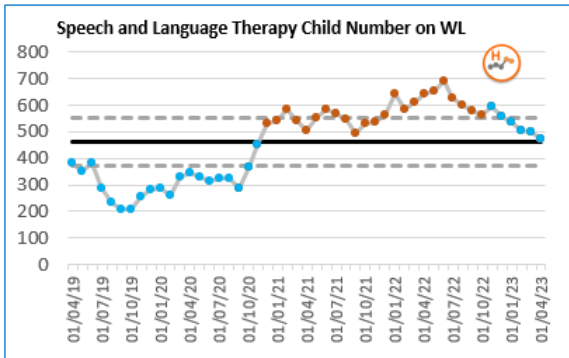
South Eastern Health
and Social Care Trust











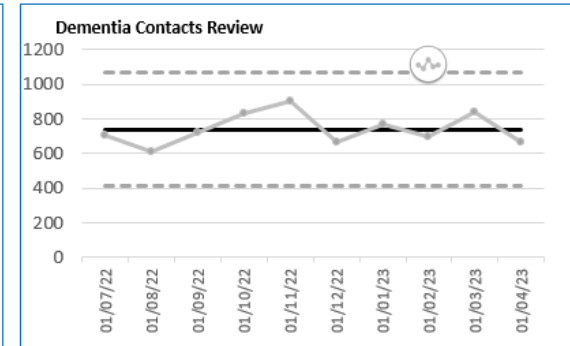
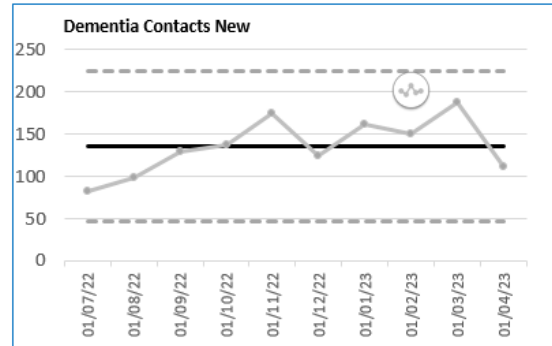
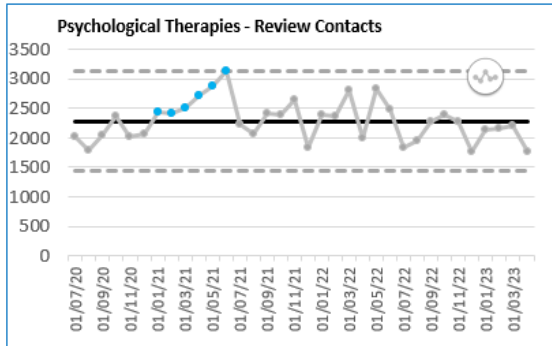
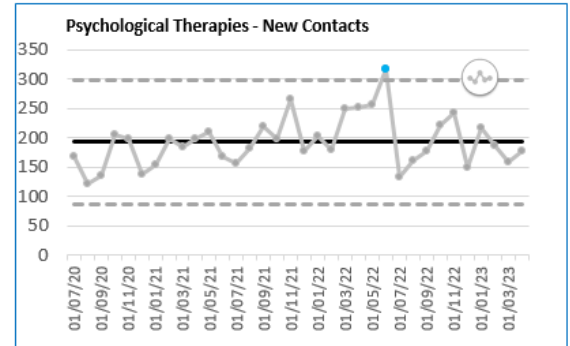
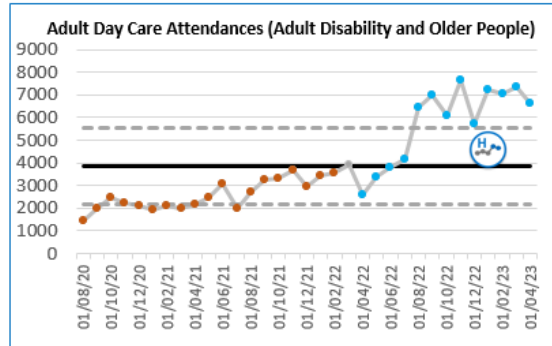
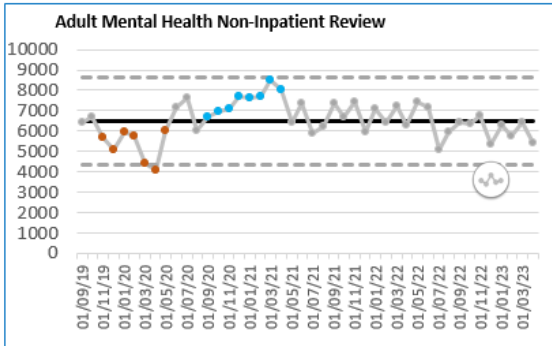
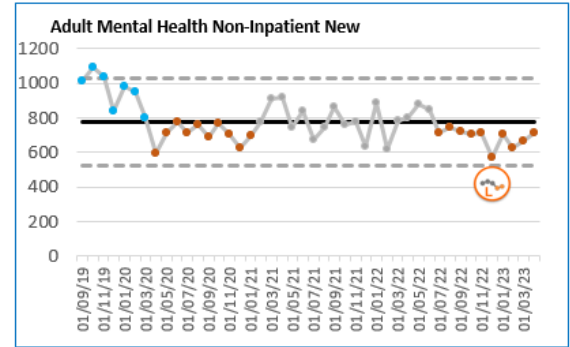
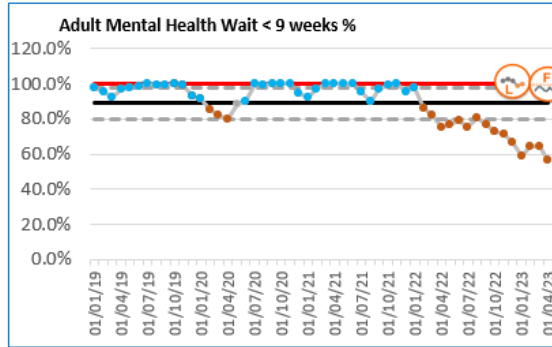
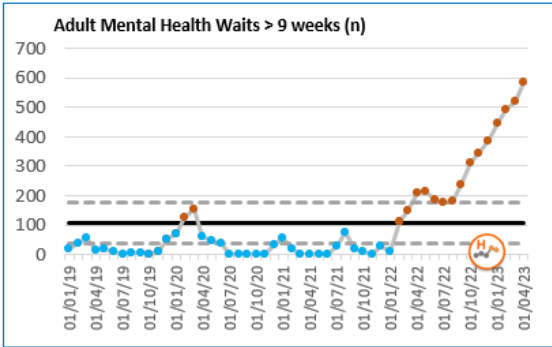
Safety, Quality and Experience of Care

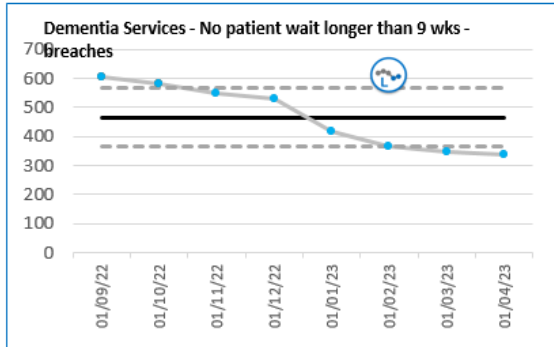
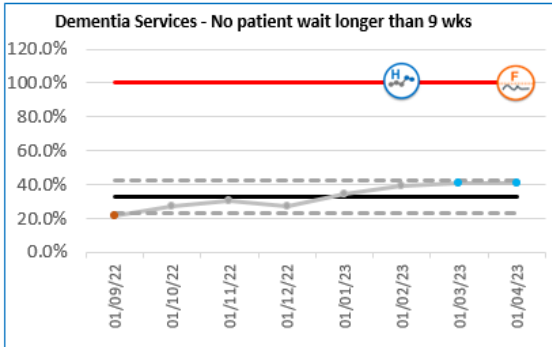
ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
and Social Care Trust







Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust



