

Integrated Performance Monitoring Report

August 2022

Paper Number:
SET/69/2022



South Eastern Health
and Social Care Trust

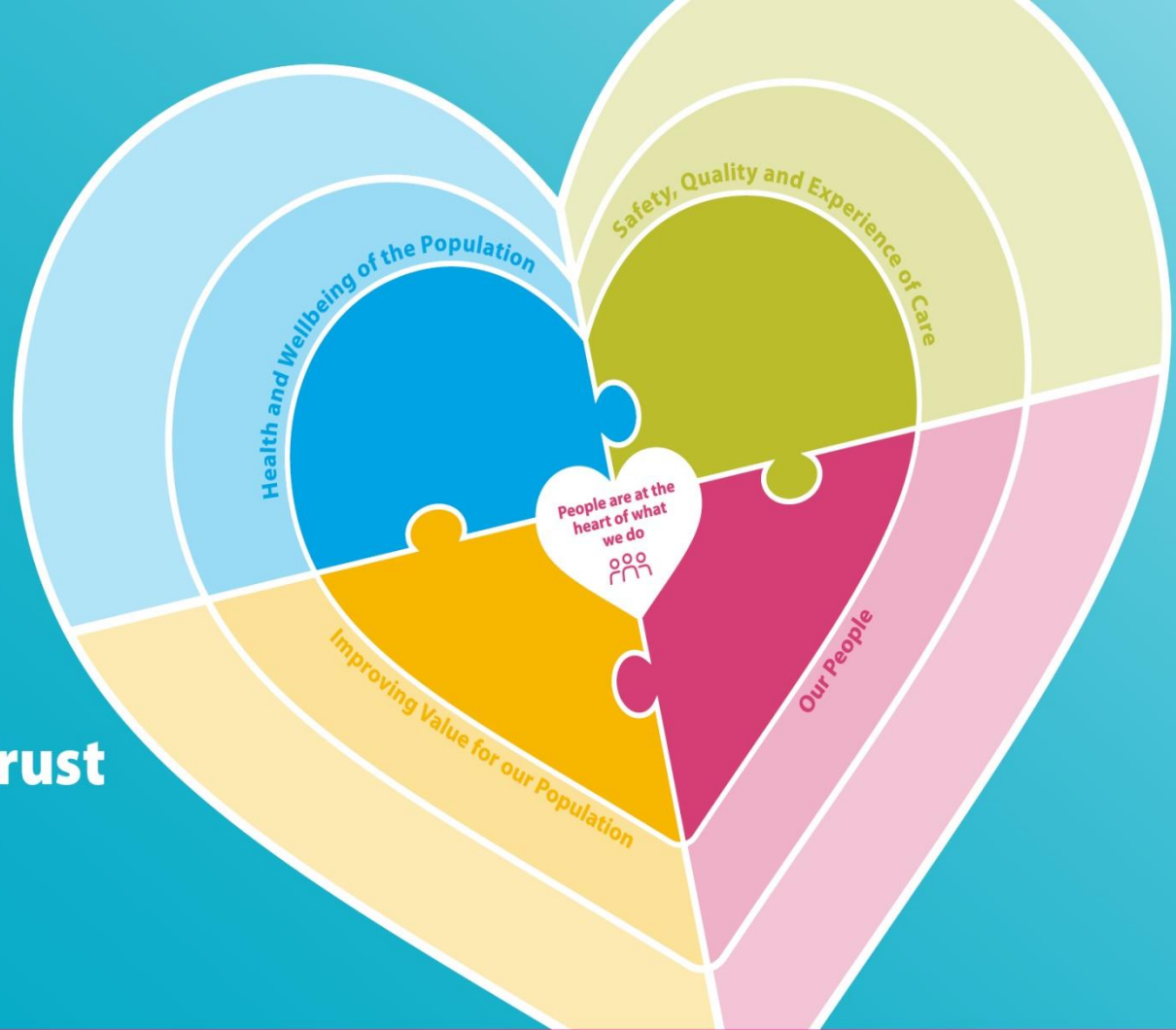




South Eastern Health
and Social Care Trust

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 August 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 August 2022 is summarised below:

| Status against trajectory | Total | % of total SDP Trajectories |
|---------------------------|-----------|-----------------------------|
| Greater than 5% | 25 | 48% |
| Between 0% & 5% | 2 | 4% |
| Between -5% & -1% | 3 | 6% |
| Less than -5% | 17 | 33% |
| Total | 47 | |

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



Statistical Process Control

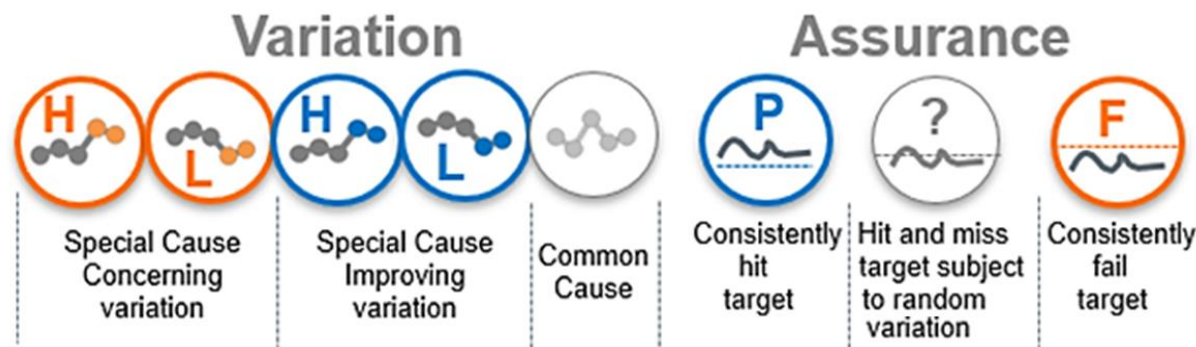
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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
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Performance Summary

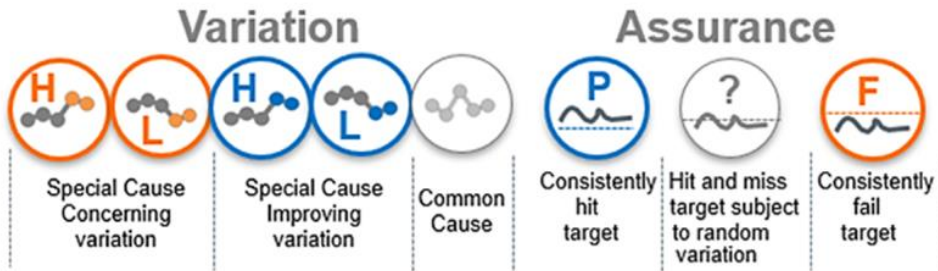
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

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

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

Charts presented by exception in this report for Hospital Services are as follows:

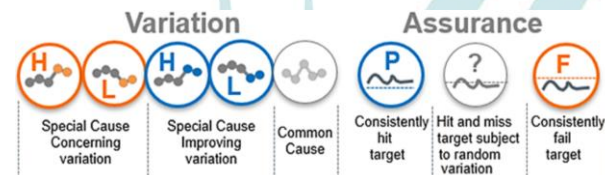
- Cancer Performance – 62 Day
- Emergency Department – this is aligned to the unscheduled care strategic priority
- Adult Non-Elective Length of Stay - this was identified as an area of focus in the Service Delivery Plan in which we may not meet the trajectory



| KPI | Latest month | Measure | Target | Variation | Assurance |
|-------------------------------|--------------|---------|--------|-----------|-----------|
| Cancer 14 Day Activity | Aug 22 | 229 | 212 | | |
| Cancer 31 Day Activity | Aug 22 | 129 | 147 | | |
| Cancer 62 Day Activity | Aug 22 | 55.0 | 72.0 | | |
| Cancer 14 Day % | Aug 22 | 80% | 100% | | |
| Cancer 31 Day % | Aug 22 | 93% | 98% | | |
| Cancer 62 Day % | Aug 22 | 28% | 95% | | |
| ED Attendances - All SET | Aug 22 | 12594 | - | | |
| ED Attendances - Ulster | Aug 22 | 9073 | - | | |
| ED Attendances - Lagan Valley | Aug 22 | 2115 | - | | |
| ED Attendances - Downe | Aug 22 | 1406 | - | | |



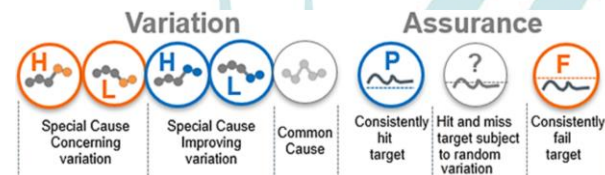
South Eastern Health and Social Care Trust



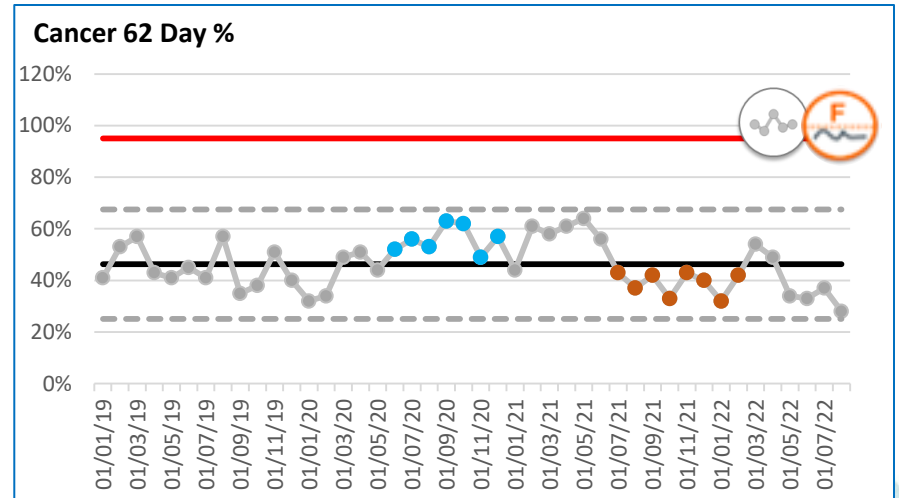
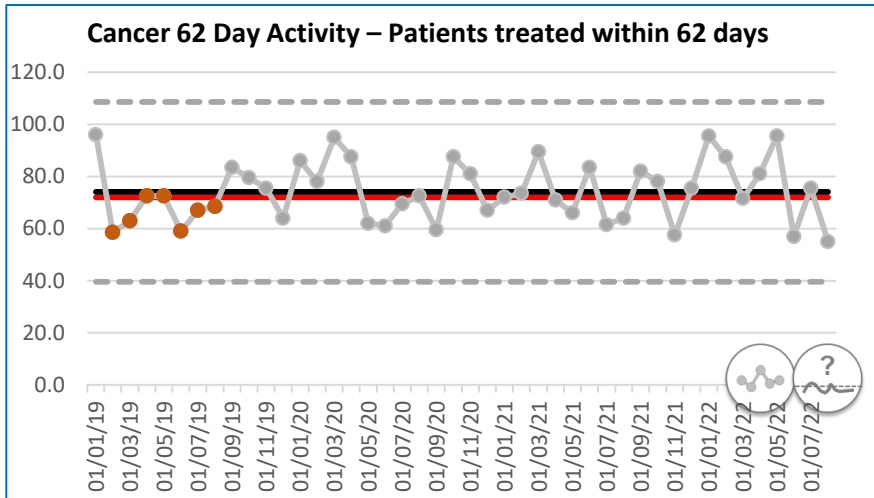
| KPI | Latest month | Measure | Target | Variation | Assurance |
|-------------------------------------|--------------|---------|--------|-----------|-----------|
| ED 4hr % - All SET | Aug 22 | 61.8% | 95.0% | | |
| ED 4hr % - Ulster | Aug 22 | 48% | 95% | | |
| ED 4hr % - Lagan Valley | Aug 22 | 78% | 95% | | |
| ED 4hr % - Downe | Aug 22 | 99% | 95% | | |
| ED 12hr Breaches - All SET | Aug 22 | 1528 | - | | |
| ED 12hr Breaches - Ulster | Aug 22 | 1528 | - | | |
| ED 12hr Breaches - Lagan Valley | Aug 22 | 0 | - | | |
| ED 12hr Breaches - Downe | Aug 22 | 0 | - | | |
| Adult Non-Elective Discharges | Aug 22 | 15% | 21% | | |
| Non-Elective Average Length of Stay | Aug 22 | 8.3 | 6.4 | | |



South Eastern Health
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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 55 for the month of August 2022, 80% of the 69 expected trajectory. This was a decrease from 105% of expected trajectory in July 2022.

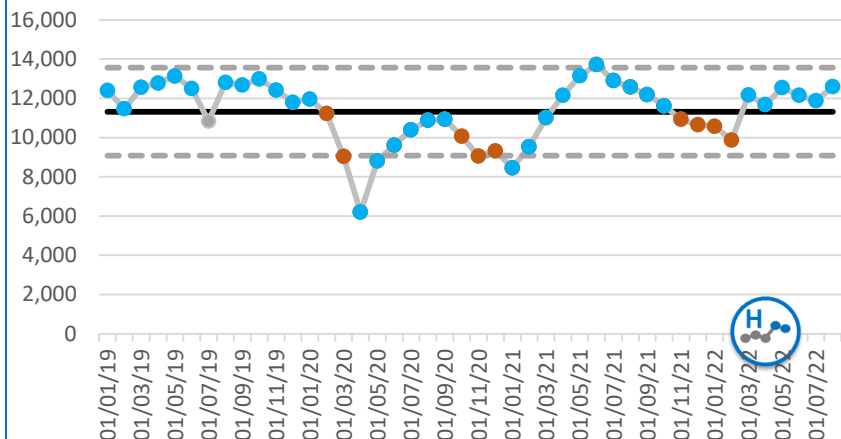
The 'Cancer 62 Day %' metric relates to traditional CPD targets and was 28% for August 2022 against the 95% target, a decrease from 37% in July 2022.

The 62 day target will not include all closed waits for August so will not be an accurate picture of the performance against the target for this time period.

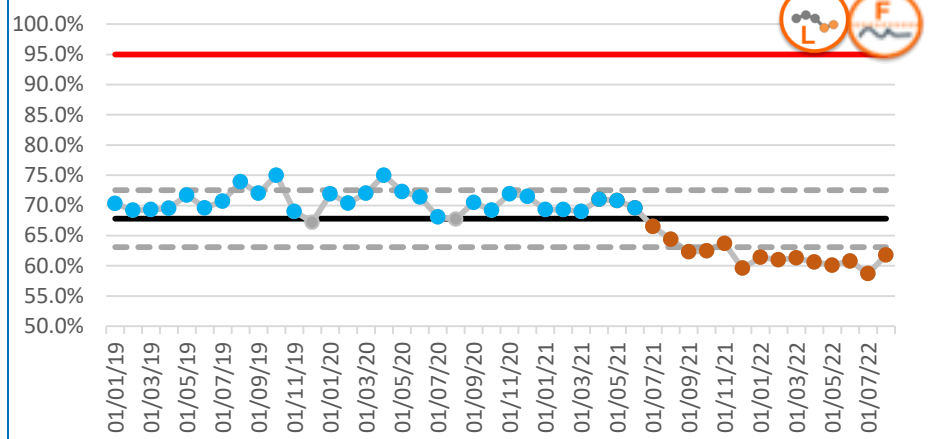
With histology etc... it takes at least a 6-8 week lag period to close the waits therefore August performance as reported on the scorecard will differ by early October.

Emergency Department All SET

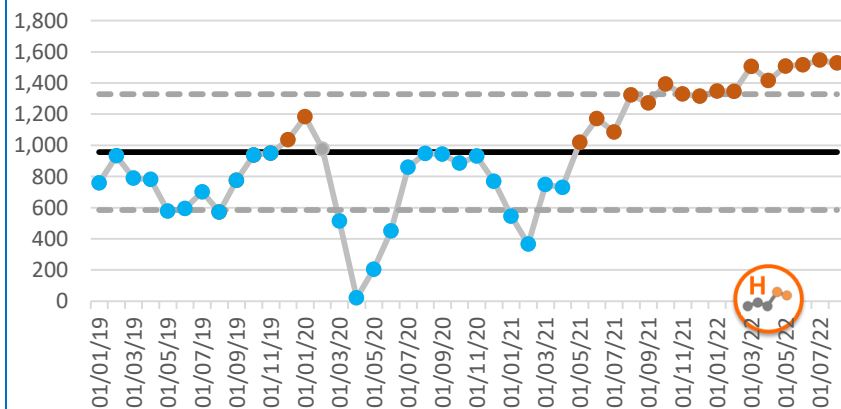
ED Attendances - All SET



ED 4hr % - All SET



ED 12hr Breaches - All SET



95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours. All Emergency Department metrics relate to traditional CPD targets.

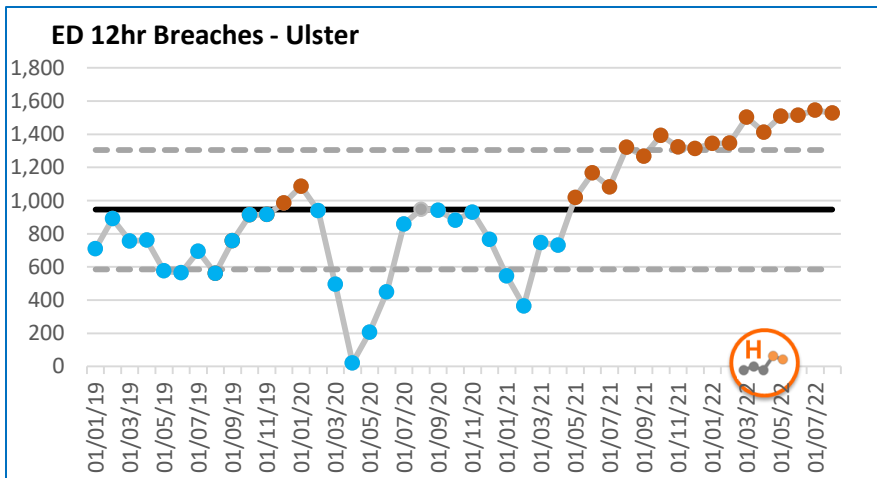
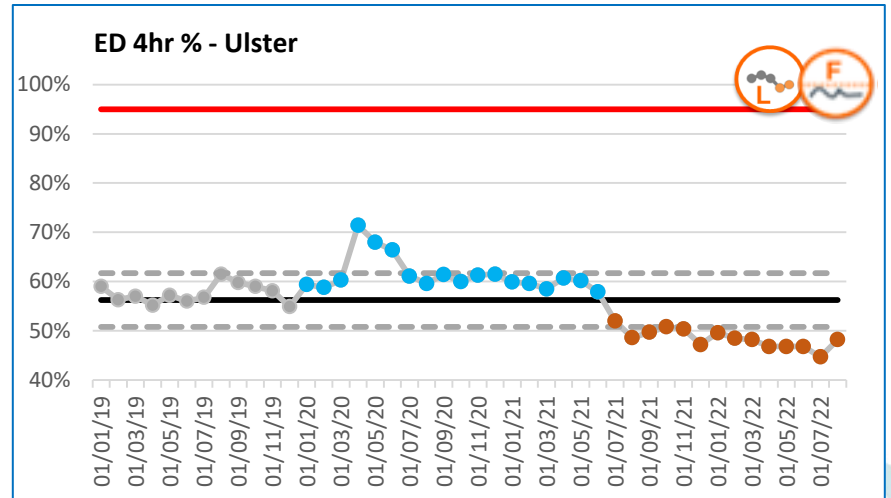
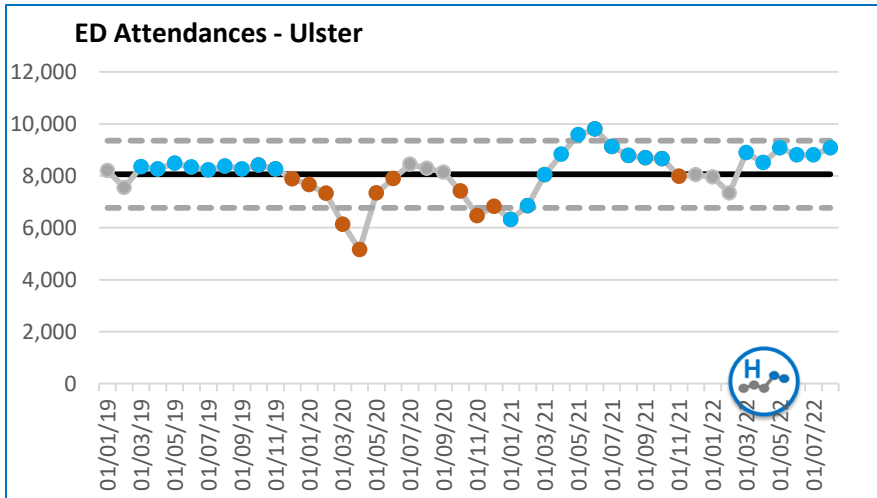
'ED Attendances - All SET' recorded 12,594 attendances for August 2022 an increase from 11,881 in July 2022.

'ED 4hr% - All SET' saw 61.8% of patients treated and discharged home, or admitted within 4 hours of arrival in August 2022 from 58.7% in July 2022 within normal variation of the current system.

'ED 12hr breaches - All SET' recorded 1,528 patients waiting longer than 12 hours in August 2022 a slight decrease from 1,547 in July 2022.

Emergency Department performance is in many ways a symptom of challenges across all health and social care services. This ranges from people attending with non emergency presentations due to lack, or perceived lack of alternative, for which we actively engage on the regional choose well campaigns as well as promoting local alternatives. However, most impactful on the Emergency Department performance are the high numbers of 12 hour breaches, which impacts on the space available to the ED team to see new people. There's a range of work in this area focusing of length of stay reduction, effective utilisation of our bed stock, engagement with regional SPPG Unscheduled Care Management Unit. The other main issue relates to performance associated with challenges discharging people back into the community with care, articulated by the challenges in complex discharge performance.

Emergency Department UH



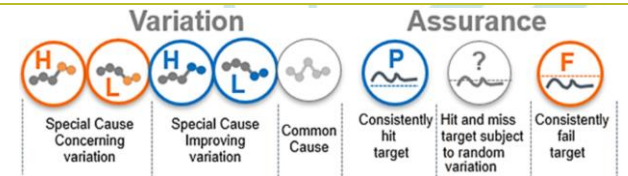
All Emergency Department metrics relate to traditional CPD targets.

'ED Attendances – Ulster' recorded 9,073 attendances for August 2022 a slight decrease from 8,805 in July 2022.

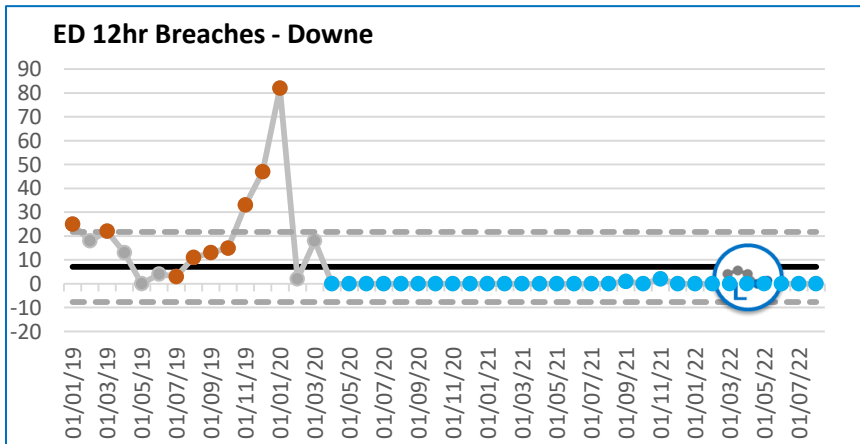
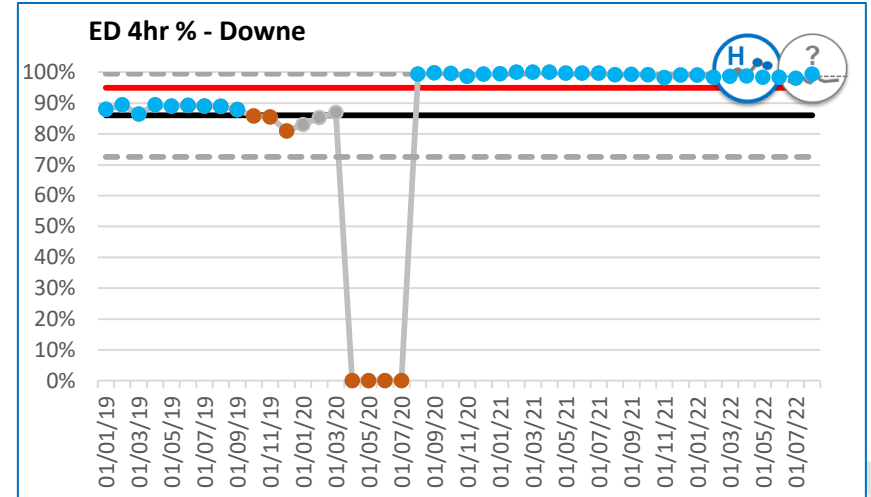
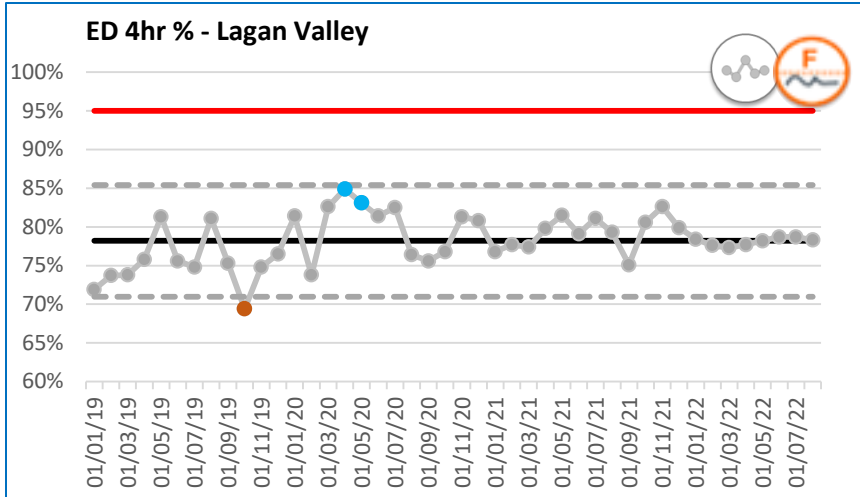
'ED 4hr% - Ulster' saw 48.2% of patients treated and discharged home, or admitted within 4 hours of arrival in August 2022 from 44.7% in July 2022 within normal variation of the current system.

'ED 12hr breaches - Ulster' recorded 1,528 patients waiting longer than 12 hours in August 2022 a decrease from 1,544 in July 2022.

New and Unplanned attendances at the Ulster Hospital have increased 8.5% when 2021/22 is compared 2019/20.



Emergency Department LVH & DH

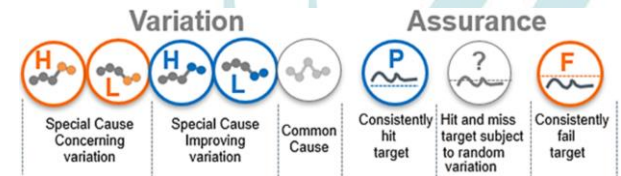


95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours. All Emergency Department metrics relate to traditional CPD targets.

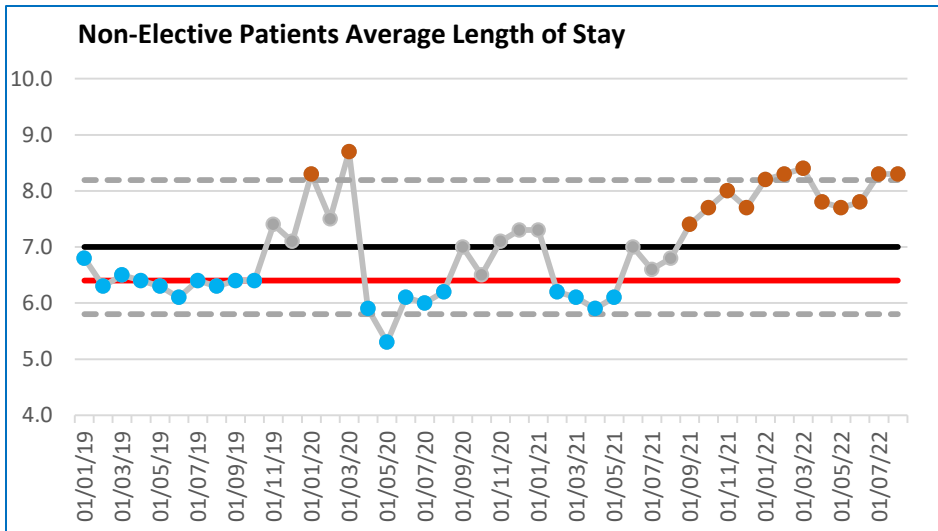
'ED 4hr% - LVH' saw 78.3% of patients treated and discharged home, or admitted within 4 hours of arrival in August 2022 a slight decrease from 78.7% in July 2022.

'ED 4hr% - DH' saw 99% of patients treated and discharged home, or admitted within 4 hours of arrival in August 2022 a slight increase from 98% in July 2022.

'ED 12hr breaches - DH' recorded no patient waiting longer than 12 hours in August 2022.



Adult Non-Elective Length of Stay



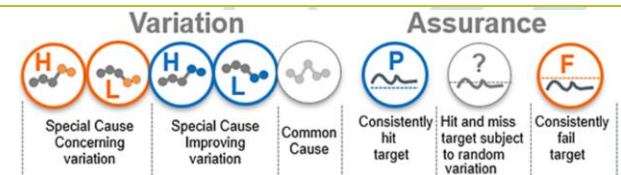
Average non-elective length of stay is included in the Service Delivery Plan metrics and the expectation is LoS should be reduced by 0.2 days based on the 21/22 year.

August 2022 non-elective average length of stay was 8.3 days with an expected trajectory of 6.6 days.

Review on-going of length of stay, readmissions, and length of time lost whilst people are medically fit and unable to leave hospital.

For example, in June 2022, we had 710 bed days utilised when people were medically fit > 48 hours, compared to 309 in June 2021 (12 beds worth at 90% occupancy).

As a Quality Improvement priority for the Trust there are investigations into potential workstreams to address Length of Stay. We are engaging locally to identify and implement potential developments to address the wider contributing factors influencing length of stay for patients.



Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
and Social Care Trust



| Target | NARRATIVE | PERFORMANCE | TREND | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------|-----------------------------|--------------------------------|--------------------|-----------------------------|--------------------------------|--------------------|-------------|----|----|----|------|---|----|------|---|---|---|------|-----|---|--------------------|----|----|----|------|-----|----|--|
| <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 inpatient 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>2021/22: CDI: 16 ≤ 48 hours : 53 > 48 hours</p> <p>MRSA: 0 ≤ 48 hours, : 6 > 48 hours</p> <p>2022/23: CDI: 3 ≤ 48 hours : 27 > 48 hours</p> <p>MRSA: 1 ≤ 48 hours, : 3 > 48 hours</p> | <table border="1"> <thead> <tr> <th>~ based on 19/20 Targets</th> <th>Target 21/22-</th> <th>Outturn 21/22</th> <th>Target 22/23-</th> <th>Target no. of cases / month</th> <th>Avg cases a s of end of August</th> <th>Apr - Aug Episodes</th> </tr> </thead> <tbody> <tr> <td>C.difficile</td> <td>55</td> <td>69</td> <td>55</td> <td>4.58</td> <td>6</td> <td>30</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>6</td> <td>5</td> <td>0.42</td> <td>0.8</td> <td>4</td> </tr> <tr> <td>All Gram Negative#</td> <td>39</td> <td>78</td> <td>39</td> <td>3.25</td> <td>5.6</td> <td>28</td> </tr> </tbody> </table> | ~ based on 19/20 Targets | Target 21/22- | Outturn 21/22 | Target 22/23- | Target no. of cases / month | Avg cases a s of end of August | Apr - Aug Episodes | C.difficile | 55 | 69 | 55 | 4.58 | 6 | 30 | MRSA | 5 | 6 | 5 | 0.42 | 0.8 | 4 | All Gram Negative# | 39 | 78 | 39 | 3.25 | 5.6 | 28 | |
| ~ based on 19/20 Targets | Target 21/22- | Outturn 21/22 | Target 22/23- | Target no. of cases / month | Avg cases a s of end of August | Apr - Aug Episodes | | | | | | | | | | | | | | | | | | | | | | | | | |
| C.difficile | 55 | 69 | 55 | 4.58 | 6 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRSA | 5 | 6 | 5 | 0.42 | 0.8 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Gram Negative# | 39 | 78 | 39 | 3.25 | 5.6 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | |

Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
and Social Care Trust



Performance Summary

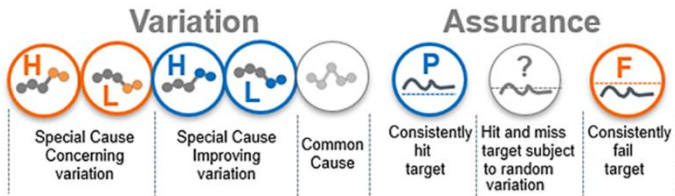
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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.

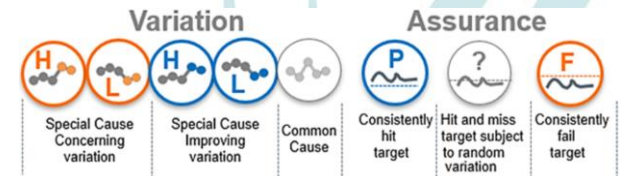
Charts prioritised in this report for Primary Care and Older People are as follows:

- Community Dental - this was identified as an area of focus in the Service Delivery Plan in which we may not meet the trajectory
- Complex Discharges – this is aligned to the domiciliary care strategic priority
- AHP < 13 weeks – an access target from the traditional CPDs.

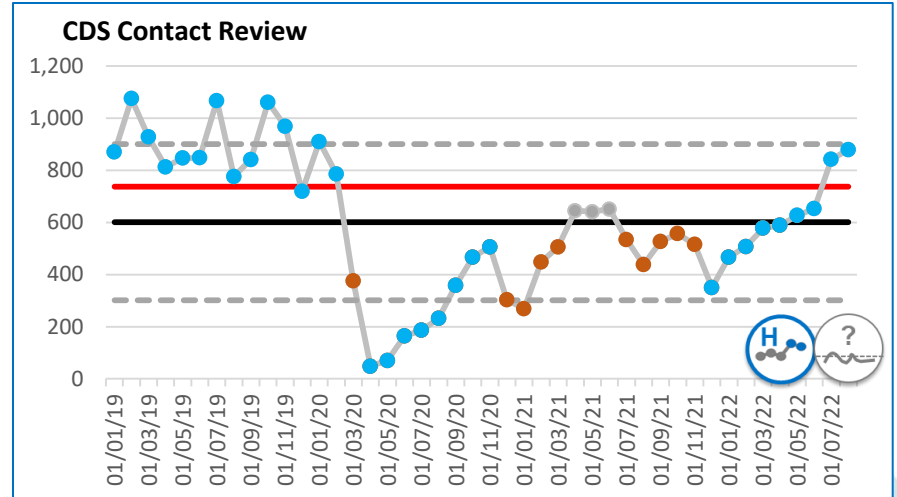
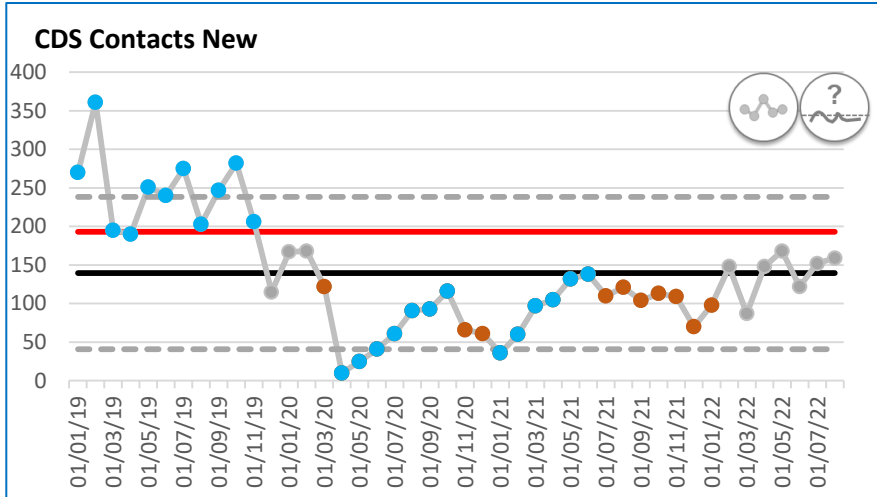
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



| KPI | Latest month | Measure | Target | Variation | Assurance |
|--------------------------------------|--------------|---------|--------|-----------|-----------|
| CDS Contacts New | Aug 22 | 159 | 193 | | |
| CDS Contact Review | Aug 22 | 879 | 737 | | |
| Complex Discharges (n) | Aug 22 | 404 | - | | |
| Complex Discharges < 48hrs - All SET | Aug 22 | 47% | 90% | | |
| Complex Discharges < 7 days | Aug 22 | 77% | 100% | | |
| Dom Care Hours Delivered Stat | Jul 22 | 60985 | - | | |
| Dom Care Hours Delivered Ind | Jul 22 | 231005 | - | | |
| AHP < 13 weeks | Aug 22 | 66% | 100% | | |
| Dementia Contacts New | Aug 22 | | - | | |
| Dementia Contacts Review | Aug 22 | | - | | |



Community Dental



Community Dental Service - Patient contacts, New and Review, as a percentage of 2019-20 contacts are metrics relating to the Service Delivery Plan.

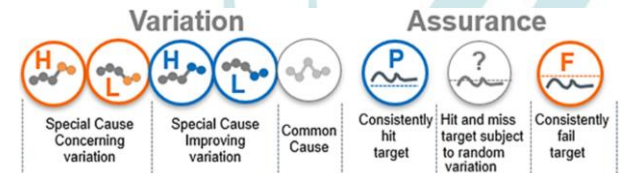
August 2022 New Contacts recorded 159 contacts against an expected trajectory of 193 equating to 82% an increase of 79% against trajectory in July 2022.

August 2022 Review Contacts recorded 879 contacts against an expected trajectory 737. This was an over-delivery against trajectory and equates to 129% of the expected activity.

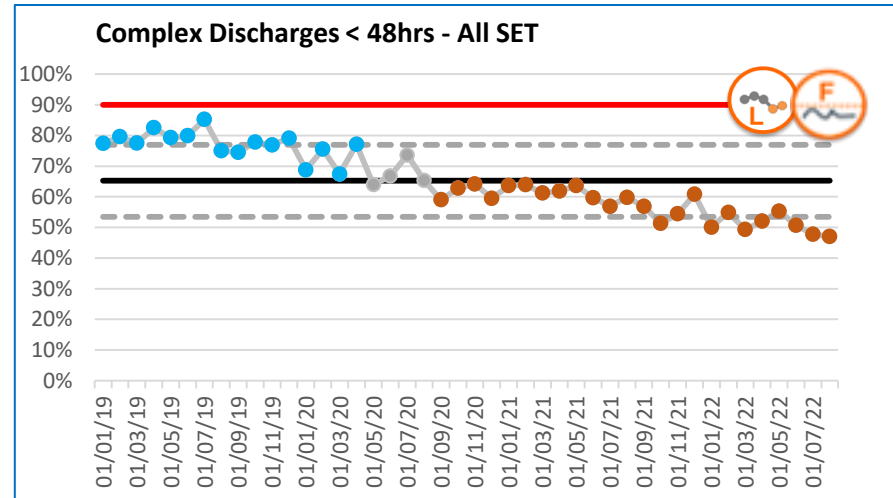
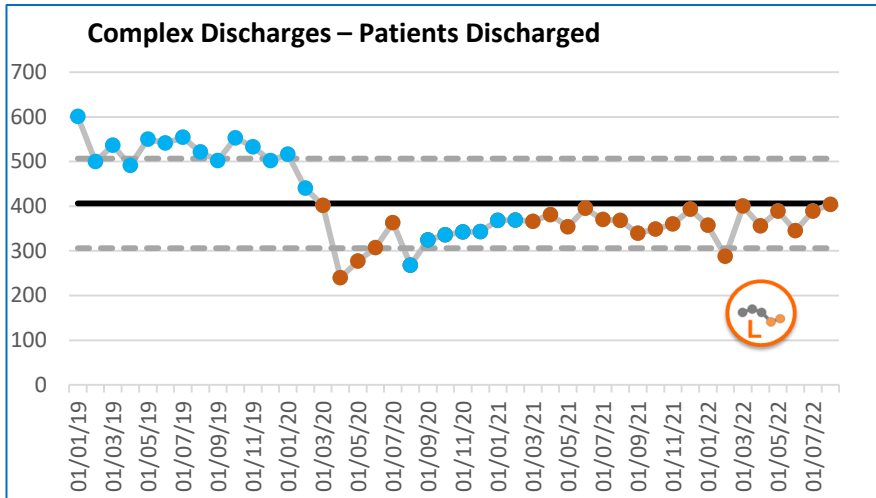
The shortfall in new patient assessments is due to staff having to deal with a backlog of existing patients unable to be treated effectively during Covid, this is an on-going challenge. The service is also down two dental surgeries in a main site due to a major refurbishment project which has impacted on meeting this target.

Mitigation:

Staff have been relocated to the Bangor clinic and will be increasing their activity in Care home settings including Oral Health Assessments now that IPC restrictions are easing. There is also a renewed focus on new patients as evidenced in the improvement to 82% of expected Target in August 2022.



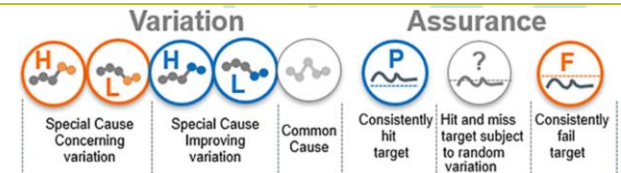
Complex Discharges (1/2)



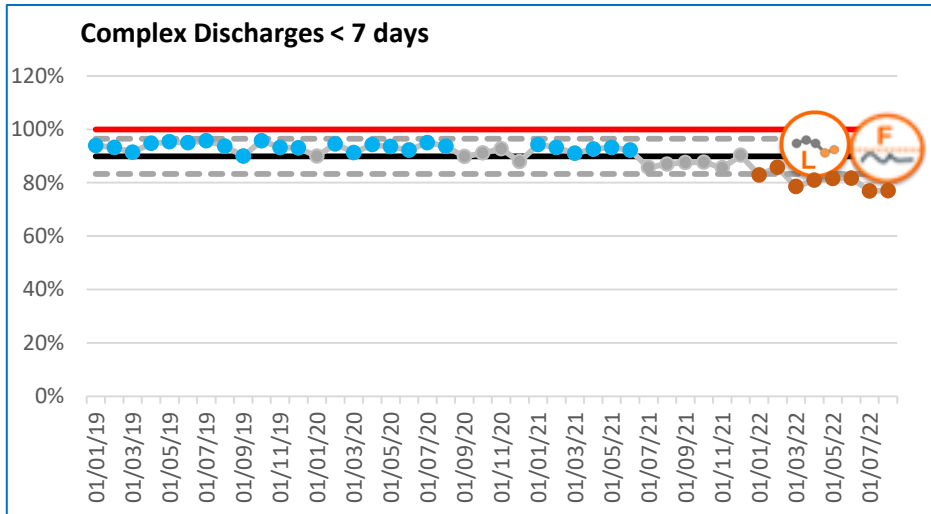
90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the traditional CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds.

The total number of complex discharges was 404 in August 2022 an increase on the previous month 389 in July 2022.

August 2022 recorded 47.0% of complex discharges <48 hours against the 90% target. This was consistent from 47.8% the previous month July 2022.



Complex Discharges (2/2)



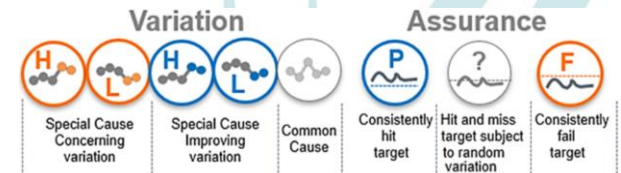
90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the traditional CPD reporting targets.

Complex Discharges < 7 days for August 2022 saw 77.0% of patients discharged against the 100% target. This was consistent with 76.9% the previous month July 2022.

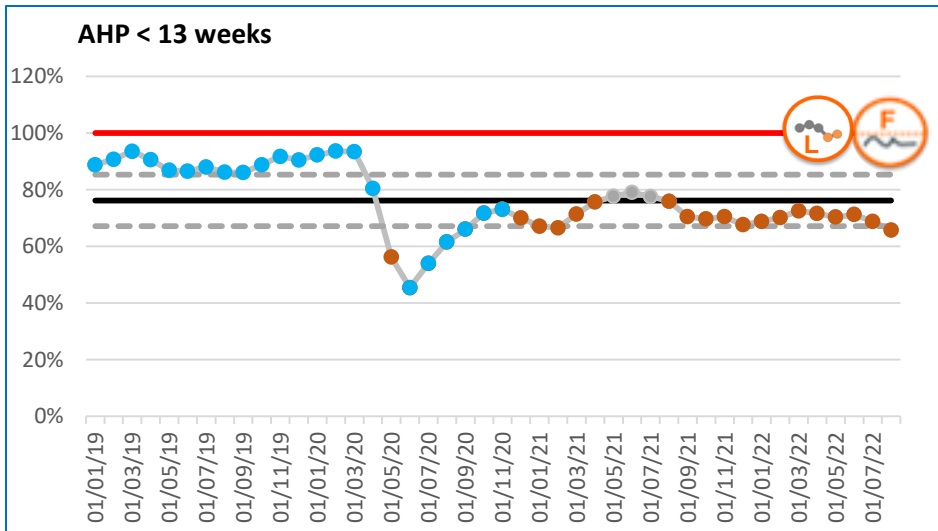
Performance is reflective of challenges faced across the region in regards to the availability of Domiciliary Care in order to facilitate hospital discharges. Care Home availability for temporary or permanent placement from hospital also remains challenging. In addition to managing on-going outbreaks, Care Homes report workforce challenges in regards to recruitment and retention of staff and inability to secure agency staff. This is also impacting on ability to accept admission for those patients presenting with significant complex needs and therefore difficulty in sourcing placements is impacting on 7 day breaches.

Mitigation:

- Digitalisation of SEHSCT Domiciliary Care Service achieved Trust-wide roll out in May 2022. Evidencing improvements in a number of areas, including, efficiency, responsiveness and maximisation of resources
- Domiciliary Care included as one of the three Trust Improvement Priorities for 22/23. Undertaking a collective approach across departments and wider corporate teams with additional support from SEHSCT Quality Improvement Team
- Extraordinary meetings held with Independent Sector Providers for Domiciliary Care & Care Homes. Solution focused engagement and partnership working to collectively address challenges and pressure on hospital services.
- Contracts and Trust Domiciliary Care Service working collaboratively to action plan involvements to Trust processes for accessing ISP dom care in order to support hospital discharges



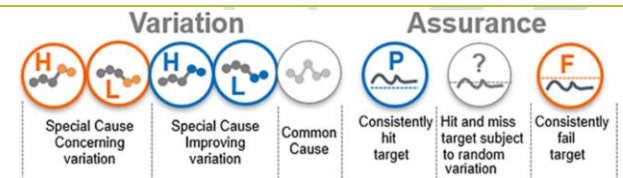
AHP < 13 weeks



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

AHP < 13 weeks for August 2022 saw 65.7% of patients commencing treatment against the 100% target. This was a slight decrease from 68.8% the previous month July 2022.

Under direction from the SPPG Regional Lead for AHP future submissions to the Service Delivery Plan are to exclude WLI activity. Work is currently progressing to facilitate this change and update SPPG baseline data and service returns accordingly. This may lead to changes in performance reporting and outturn against expected activity for Service Delivery Plan trajectories. Removal of WLI activity going forward will lead to a deterioration in performance against expected activity across a range of clinical services; an update will be provided next month.



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
and Social Care Trust



Performance Summary

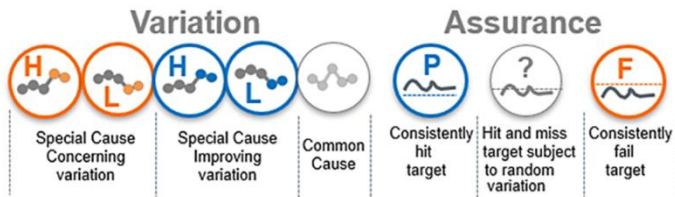
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.




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.

Charts prioritised in this report for Adult Services and Prison Healthcare are regarding Adult Mental Health as this was identified as a key area of focus from the legacy reporting metrics.

Performance Information for Psychological Therapies is to be included in the October 22 report to address a drop in trajectory against the new Service Delivery Plan metric for new Contacts.

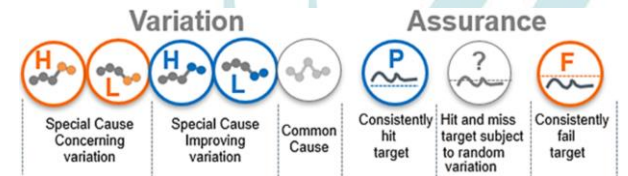
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



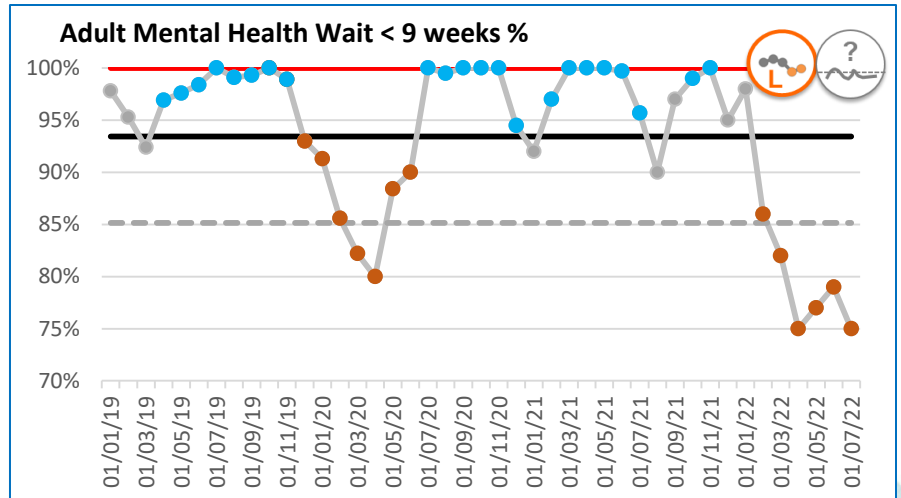
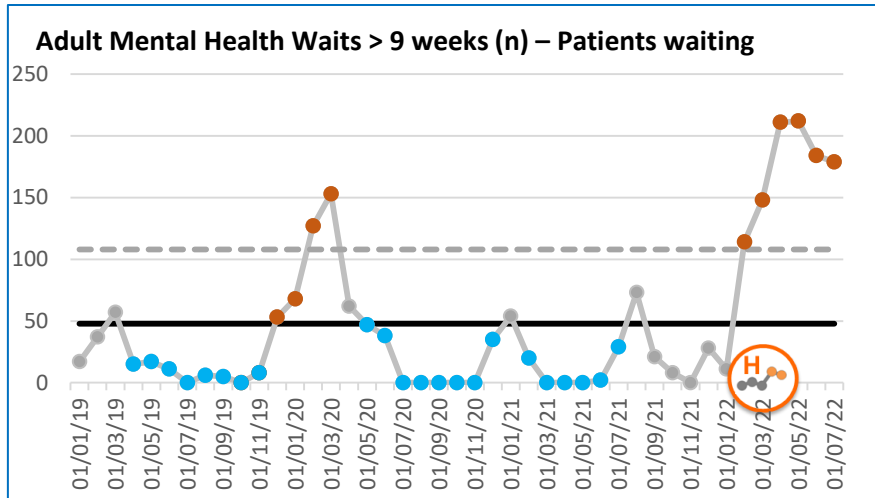
| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|---|---|
| Adult Mental Health Waits > 9 weeks (n) | Jul 22 | 179 | - |  | |
| Adult Mental Health Wait < 9 weeks % | Jul 22 | 75% | 100% |  |  |



South Eastern Health and Social Care Trust



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 179 for July 2022 a slight decrease from 184 in June 2022.

'Adult Mental Health Waits <9 weeks %' recorded 75% of patients receiving assessment and commencement of treatment against the 100% target. This was a slight decrease from the previous month with 79% in June 2022.

As a consequence of a consistently higher rate of demand recently, combined with staff vacancies, difficulties recruiting and staff sickness/absence, there had been an increase in the number of patients waiting more than nine weeks for assessment. This is beginning to decrease.

The breaches are occurring in one team, Ards and North Down, and there are 179 people waiting more than nine weeks equivalent to 52% of all referrals in that sector. The Service would highlight a large number of vacancies and an increase in referrals. As this sector sits in the Ulster Hospital catchment area it receives a larger number of emergency referrals which has direct impact on urgent and routine referral waiting list times. The utilisation of bank staff from other Trusts has been undertaken to mitigate against this trend.

Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust



Performance Summary

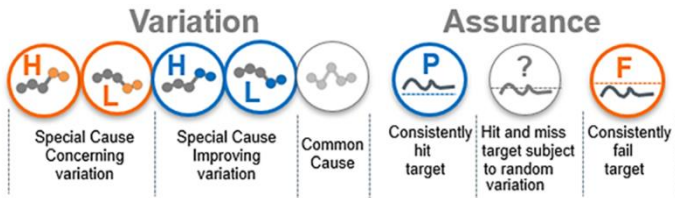
Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

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.

Charts prioritised in this report for Children's Services are as follows:

- Initial Family Assessments Completed - this was identified as an area of focus in the Service Delivery Plan in which we may not meet the trajectory
- Unallocated Cases – this is aligned to the strategic priority to reduce unallocated cases

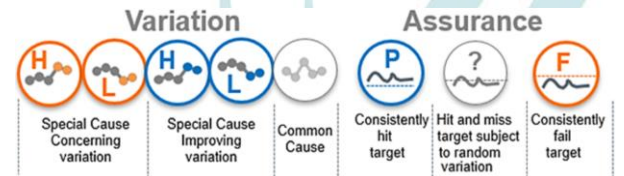
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



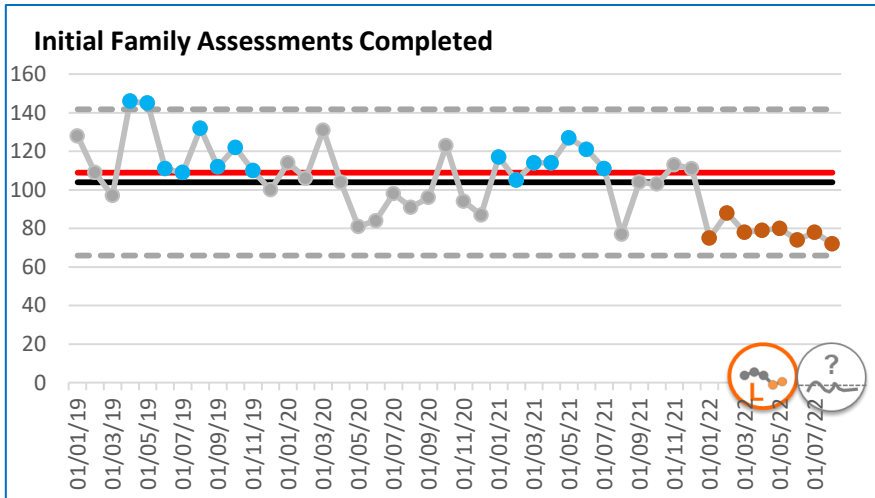
| KPI | Latest month | Measure | Target | Variation | Assurance |
|--------------------------------------|--------------|---------|--------|-----------|-----------|
| Initial Family Assessments Completed | Aug 22 | 72 | 109 | | |
| Unallocated Cases | Aug 22 | 432 | - | | |
| Unallocated Cases > 20 days | Aug 22 | 330 | - | | |
| Unallocated Cases > 30 days | Aug 22 | 282 | - | | |



South Eastern Health and Social Care Trust



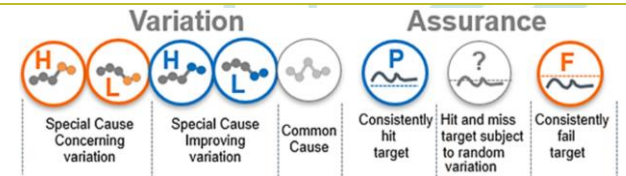
Initial Family Assessments



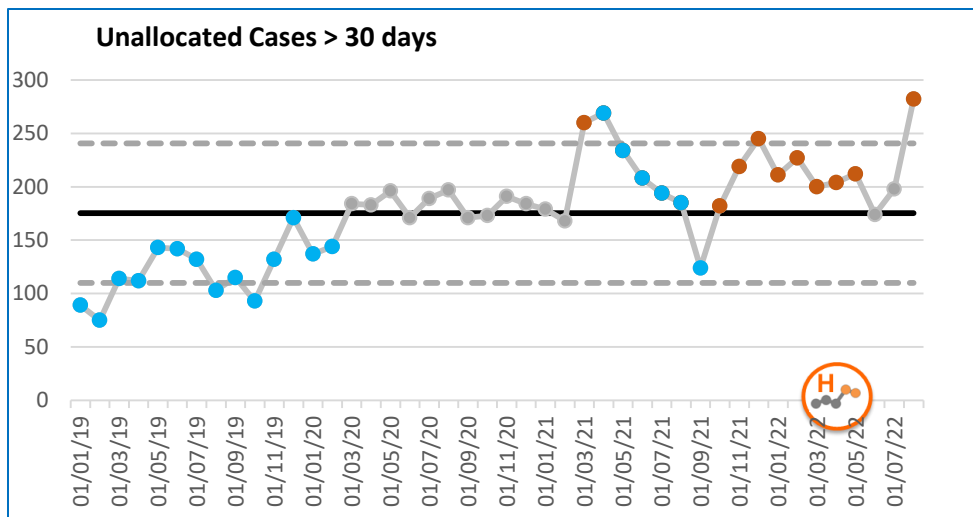
Number of initial Family Support assessments completed in the year (22/23) is taken from the Service Delivery Plan. The expected trajectory will total a minimum 6,759 for the year ending 31/3/23.

In August 2022, 72 assessments were completed against the trajectory of 132 equating to 55% of the expected activity. This was a decrease from 78 in July 2022 with a 72% overrun against trajectory.

- There is a direct correlation between reduced assessment activity and staffing pressures in the services.
- It should be noted that although percentage of target is reduced, actual activity is only down by 6.
- The Gateway team have carried 10 vacancies over the past year, in comparison to full staffing in 2019.
- 3 new staff are going through an induction programme, they will be allocated a full caseload, for several more weeks.



Unallocated Cases (2/2)



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

In August 2022 there were 282 Unallocated Cases >30 days an increase from 198 in July 2022.

- Unallocated Cases have been rising due to residual social work vacancies, absence workforce due to illness and an increase in Child Protection referrals requiring immediate allocation across the sector.
- caseloads are monitored through the weekly unallocated accountability meetings, to review categorisation and allocation.

