

Integrated Performance Monitoring Report

January 2023

Paper Number: SET/22/23



South Eastern Health
and Social Care Trust

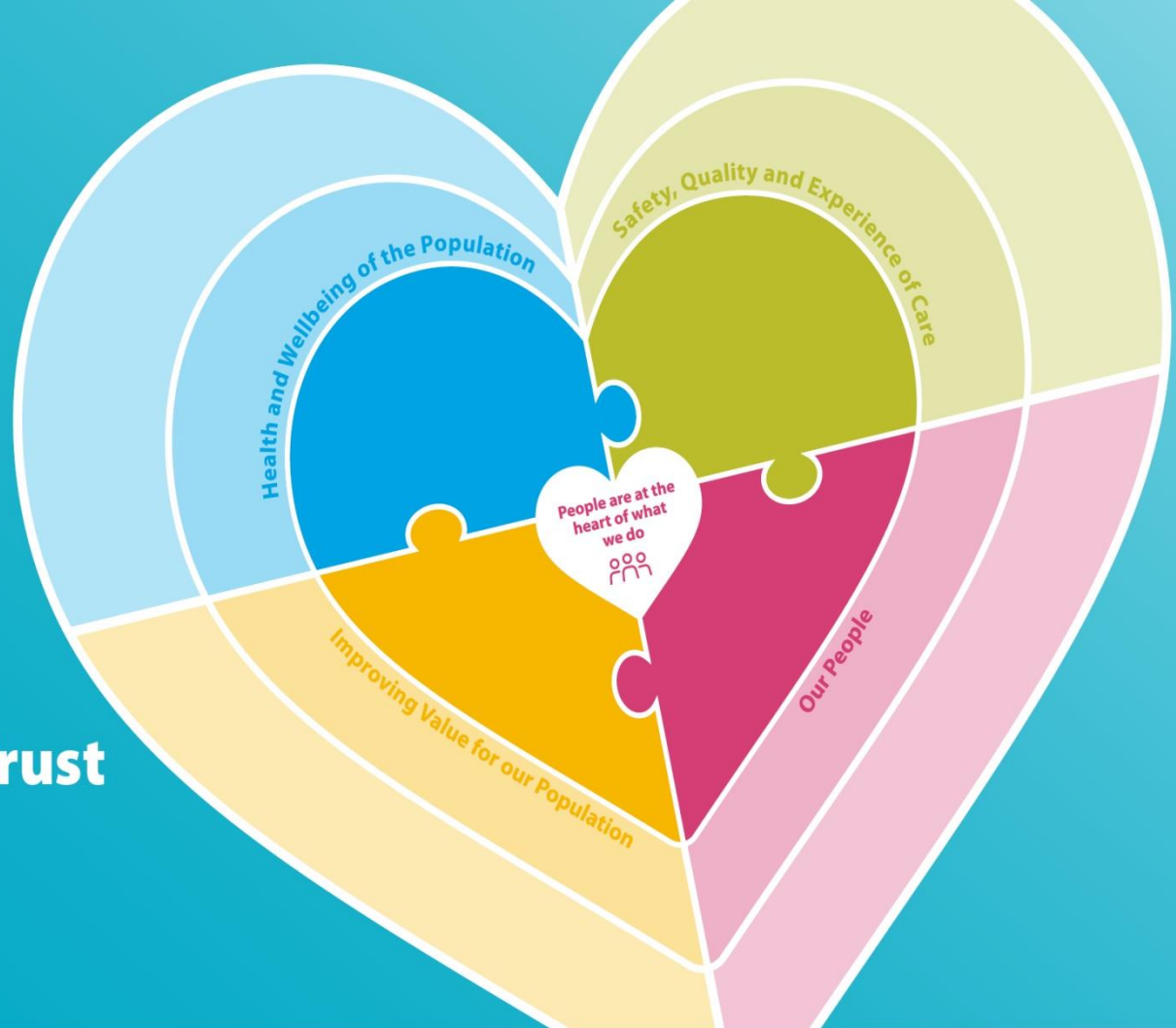




South Eastern Health
and Social Care Trust

Quality 4 All

South Eastern HSC Trust Quality Strategy 2021-2026



A great place to **Live**

A great place to **Work**

A great place for **Care & Support**

Overview

This Integrated Performance Management Report assesses the Trust position in November 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 January 2023 is summarised below:

Status against trajectory	Total	% of total SDP Trajectories
Greater than 5%	17	35%
Between 0% & 5%	1	2%
Between -5% & -1%	2	4%
Less than -5%	28	58%
Total	48	

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



Statistical Process Control

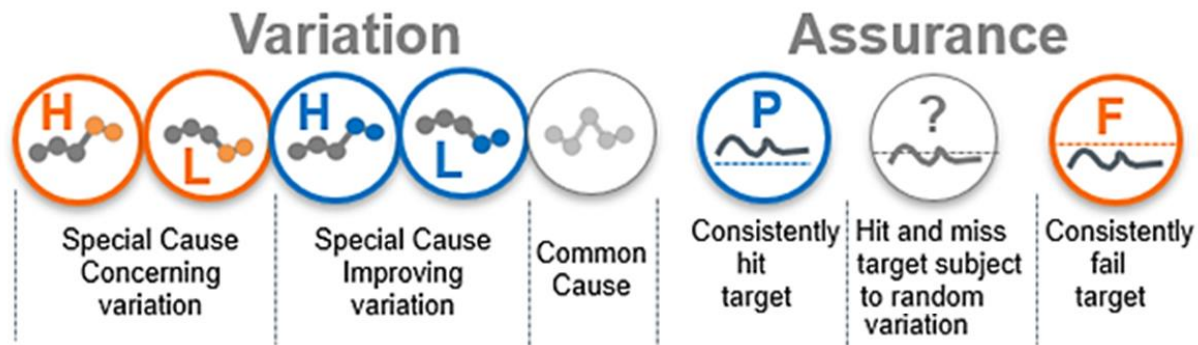
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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

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

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

An explanation of the icons used is included below:



Safety, Quality and Experience of Care

HOSPITAL SERVICES



South Eastern Health
and Social Care Trust



Performance Summary

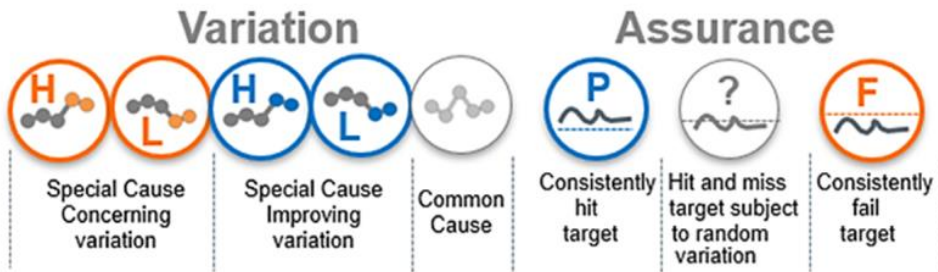
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

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

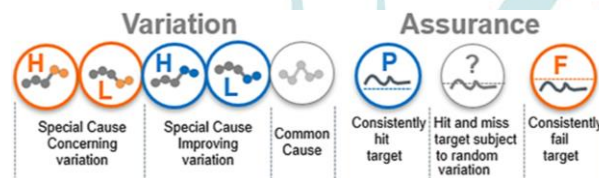
- 4hr % Performance in the Lagan Valley and Downe sites



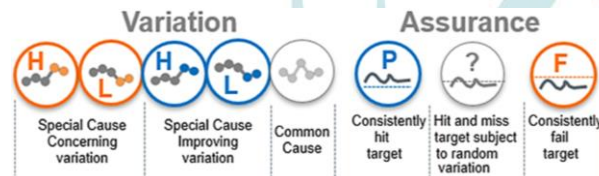
Elective Waiting Times

Specialty	Suspect Cancer/Red Flag OP Position January 2023	Routine Outpatient Position January 2023	Inpatient & Daycase Position January 2023
Symptomatic Breast Clinic	2 weeks	20 weeks	N/A
Cardiology	N/A	191 weeks	117 weeks
Dermatology	4 weeks	359 weeks	235 weeks
ENT	3 weeks	298 weeks	411 weeks
General Medicine/Gastroenterology	12 weeks	434 weeks	204 weeks
General Surgery	8 weeks	253 weeks	420 weeks
Geriatric Medicine	N/a	12 weeks	N/A
Gynaecology	12 weeks	346 weeks	450 weeks
Haematology	2 weeks	172 weeks	N/A
Nephrology	N/A	4 weeks	N/A
Neurology	2 weeks	333 weeks	N/A
Maxillo Facial	4 weeks	319 weeks	382 weeks
Paediatrics	2 weeks	101 weeks	N/A
Paediatric Surgery	2 weeks	38 weeks	339 weeks
Pain Management	2 weeks	167 weeks	185 weeks
Plastic Surgery	2 weeks	284 weeks	491 weeks
Thoracic Medicine	2 weeks	191 weeks	N/A
Rheumatology	2 weeks	304 weeks	N/A
Urology	7 weeks	246 weeks	539 weeks
Diagnostic Scopes			261 weeks

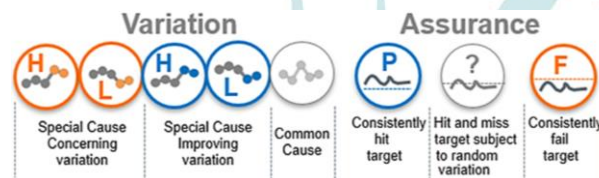
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Jan 23	281	259		
Cancer 31 Day Activity	Jan 23	91	185		
Cancer 62 Day Activity	Jan 23	55.0	116.0		
Cancer 14 Day %	Jan 23	92%	100%		
Cancer 31 Day %	Jan 23	84%	98%		
Cancer 62 Day %	Jan 23	39%	95%		
Attendances - All SET	Jan 23	12235	-		
Attendances - Ulster ED	Jan 23	8057	-		
Attendances - Lagan Valley	Jan 23	1989	-		
Attendances - Downe	Jan 23	1225	-		
Attendances - Ards MIU	Jan 23	964	-		
4hr % - All SET	Jan 23	60%	95%		



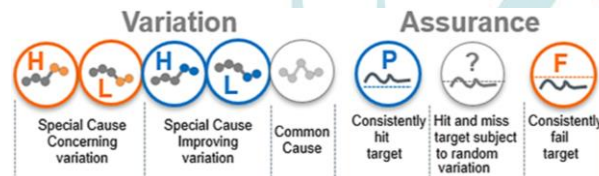
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - Ulster ED	Jan 23	45%	95%		
4hr % - Lagan Valley	Jan 23	77%	95%		
4hr % - Downe	Jan 23	98%	95%		
4hr % - Ards MIU	Jan 23	100%	95%		
12hr Breaches - All SET	Jan 23	1406	-		
12hr Breaches - Ulster ED	Jan 23	1406	-		
12hr Breaches - Lagan Valley	Jan 23	0	-		
12hr Breaches - Downe	Jan 23	0	-		
12hr Breaches - Ards MIU	Jan 23	0	-		
Adult Non-Elective Discharges	Jan 23	17%	30%		
Non-Elective Average Length of Stay	Jan 23	8.5	8.0		



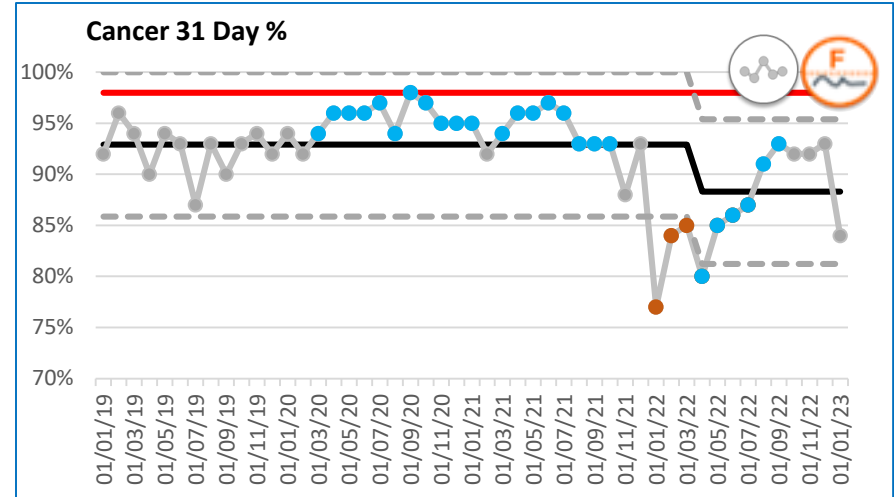
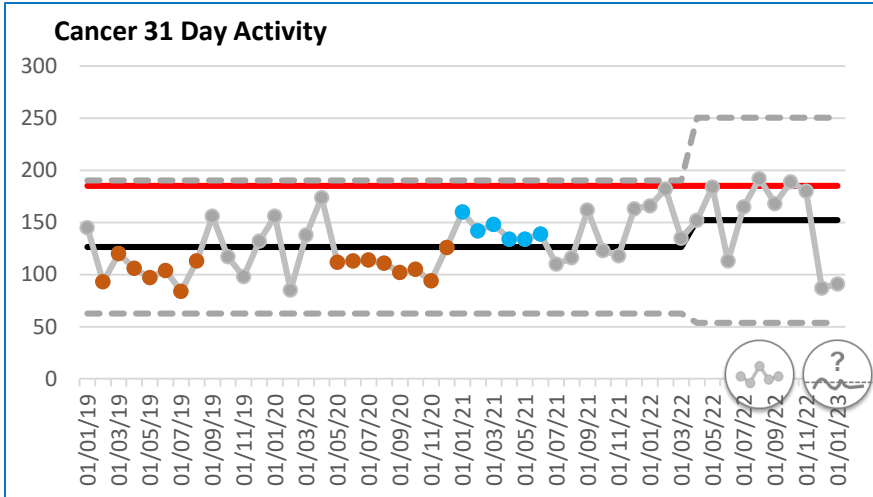
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Jan 23	7313	7860		
Outpatient Contacts New Face to Face	Jan 23	6253	-		
Outpatient Contacts New Virtual	Jan 23	1060	-		
Outpatient Contacts Review	Jan 23	13918	12787		
Outpatient Contacts Review Face to Face	Jan 23	9960	-		
Outpatient Contacts Review Virtual	Jan 23	3958	-		
Inpatient Activity	Jan 23	287	382		
Daycase Activity	Jan 23	1875	1988		
Endoscopy - 4 main scopes	Jan 23	612	788		
Cath Labs Procedures	Jan 23	42	47		
UHD Thrombolysis Rate	Jan 23	23%	15%		
UHD Admitted < 4 hours	Jan 23	25%	43%		



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient & Daycase Waits < 13 weeks	Jan 23	26%	55%		
Inpatient & Daycase Waits < 52 weeks	Jan 23	52%	100%		
MRI	Jan 23	1056	1067		
CT	Jan 23	3942	3273		
NOUS	Jan 23	2962	2929		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Jan 23	174	164		
Echo	Jan 23	1520	1162		



Cancer Services 31 Day

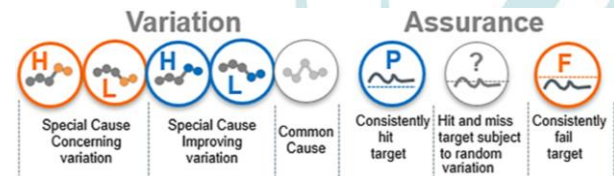


At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.

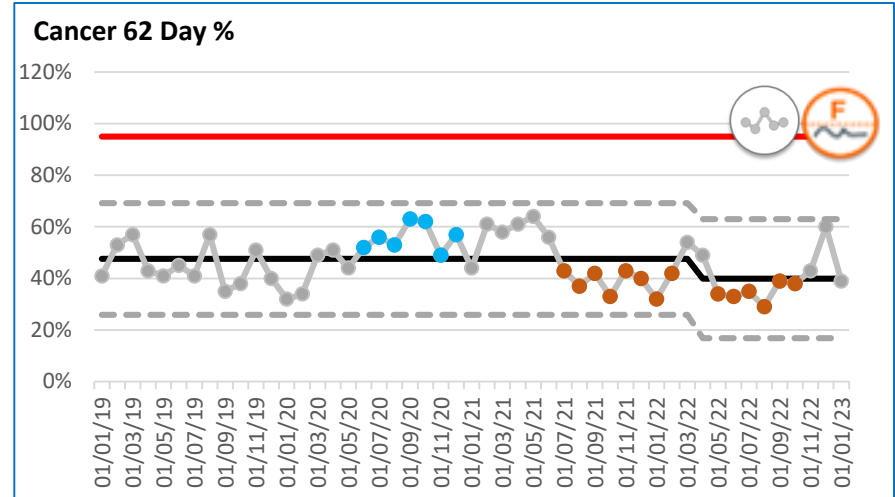
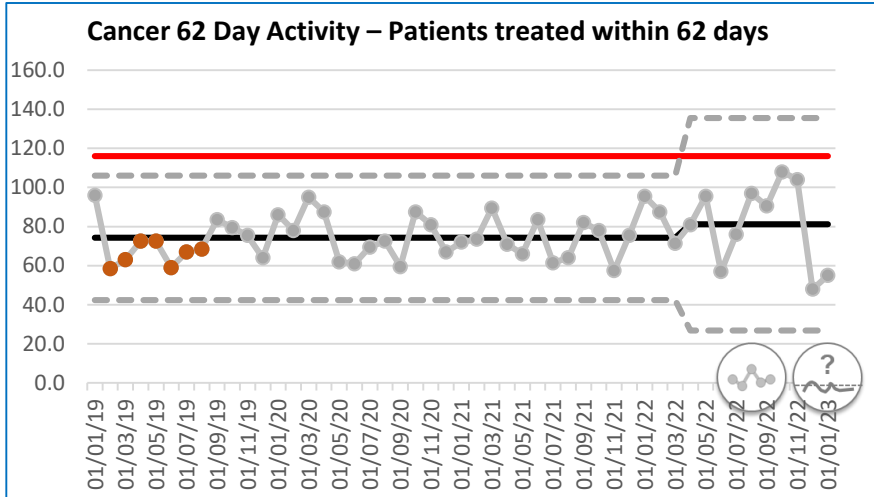
The 'Cancer 31 Day Activity' metric relates to the Service Delivery Plan and was 91 for the month of January 2023, 49% of the 185 expected trajectory.

The 'Cancer 31 Day %' metric relates to traditional CPD targets and was 84% for January 2023 against the 98% target.

Activity levels for December and January are still being affected by delays in pathology reporting. 13 of the 14 breaches were skin cancers. SET has seen a 12.1% increase in skin cancer referrals in 2022/23. An additional consultant is currently being recruited.



Cancer Services 62 Day

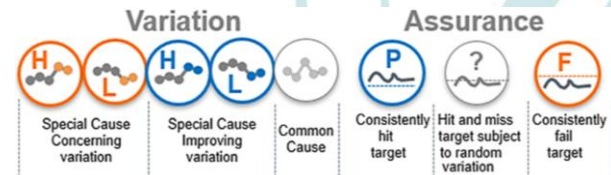


At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The ‘Cancer 62 Day Activity’ metric relates to the Service Delivery Plan and was 55 for the month of January 2023, 48% of the 116 expected trajectory.

The ‘Cancer 62 Day %’ metric relates to traditional CPD targets and was 37% for January 2023 against the 95% target.

Activity levels for December and January are still being affected by delays in pathology reporting. Overall SET has seen a 9% increase in red flag referrals in 2022/23. There are significant delays in first appointments in Gynaecology and Upper GI with work ongoing with clinical teams to increase capacity and clear back logs. There are also delays in diagnostics procedures in the GI and Urology pathways due to demand and capacity gap. Performance will be further impacted when independent sector activity ceases.



Unscheduled Care

The Journey To and Through the USC Pathway



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

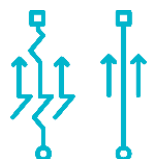
No More Silos funded Hubs saw 1,111 New and 776 Review attendances in January. This represents an increase on December's attendances – 909 New and 639 Review.



Hospital Admissions are managed to ensure only those patients with a necessity are admitted. On average, there were 8.7 elective inpatients and 77 non-elective admission for non-maternity adults daily in January



Patients are staying for the minimum time possible, with an aim to reduce the average Length of Stay.
Length of Stay in January was the 7.8 days for Adult non maternity discharges. (elective=3.2 non-elective=8.3)



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

In January there were 485 complex discharges, 51% of these were delayed less than 48 hours

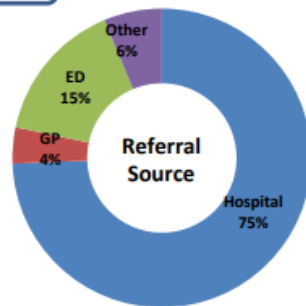
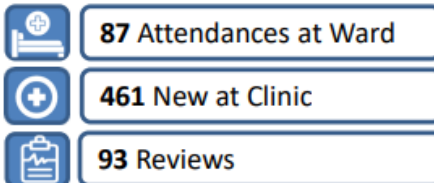


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Admission Avoidance

No More Silos Key Action 3 'Cardiology Hub'

How much did we do?



How well did we do it?

100% Patients would recommend this service



"Everything explained / All questions dealt with"
 "A very caring and sincere group of people"
 "All the questions I had were dealt with."

Patients Receive Rapid Access to Medical Assessment When Needed

30.3% of new at clinic assessed within 1 month
(Triage may be to later appointment based on clinical condition and need for review within specified timeframe.)

11.6% DNA Rate at Clinic



Is Anyone Better Off?

Reduction of Unnecessary Admissions means:

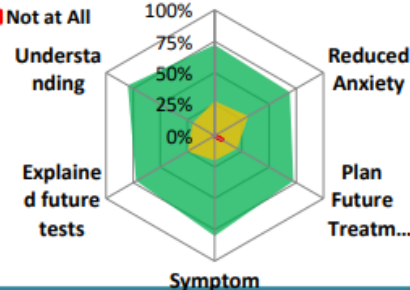
- Patient Treated in Preferred Place of Care
- Hospital bed capacity optimised to care of sicker patients

30 avoided admissions
343 facilitated early discharges
18 ED avoidance

All patients attending HUB have access to MD assessment and/or treatment in one session so reducing need for multiple clinic attendances.

Quality of Life Improved Outcomes

- A Lot
- A Little
- Not at All



Patients felt they had a better understanding of how to manage their condition

"All very positive, I now have a better understanding of my condition that I can inform my family to better inform them also."

Admission Avoidance

No More Silos Key Action 3 'Gastroenterology Ambulatory Hub'

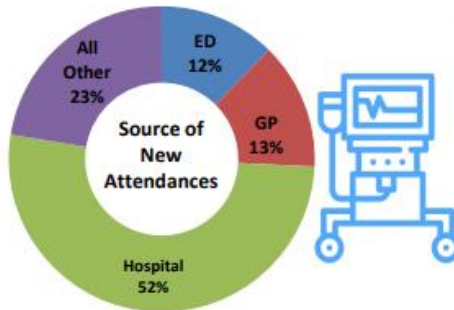
Reporting Period: Oct-Dec 22

How much did we do?



Attendances Include
49 Fibroscan clinic
72 Endoscopy

Additional Dietetics
113 new
240 review



How well did we do it?

100% Patients would recommend the service



"Nice & quick"
"Finally getting to the bottom of the pain I am in"
"I was listened to"
"Doctor was nice and has helped me feel at ease for the procedure I am to take."

Patients Receive Rapid Access to Medical Assessment When Needed*1

19.5% of new assessed same or next day
65.6% of new assessed within 1 week

(Triage may be to later appointment based on clinical condition and need for review within specified timeframe.)



8.5% DNA Rate

Is Anyone Better Off?

Reduction of Unnecessary Admissions means:

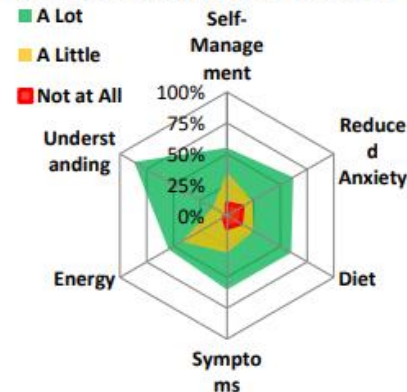
- Patient Treated in Preferred Place of Care
- Hospital bed capacity optimised to care of sicker patients

58 avoided admissions
247 facilitated early discharges
64 avoided ED attendances



(Estimations based on coding of referral source and equivalent models of care across the NHS, Bed day savings estimation work currently in progress)

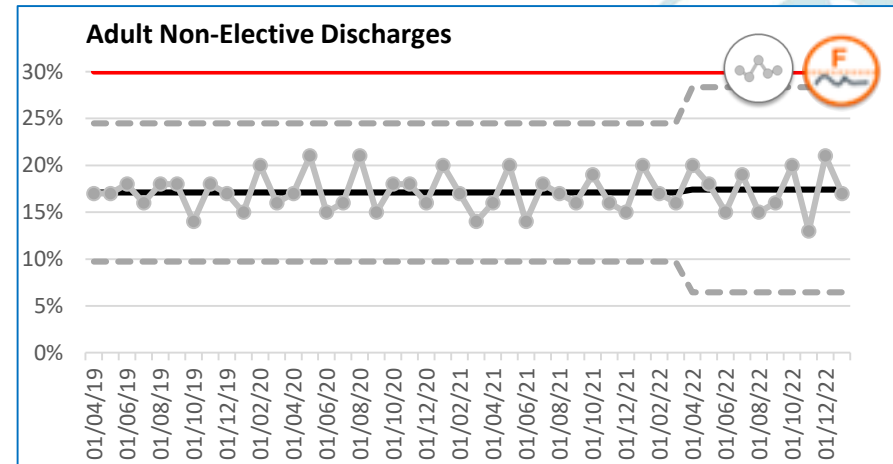
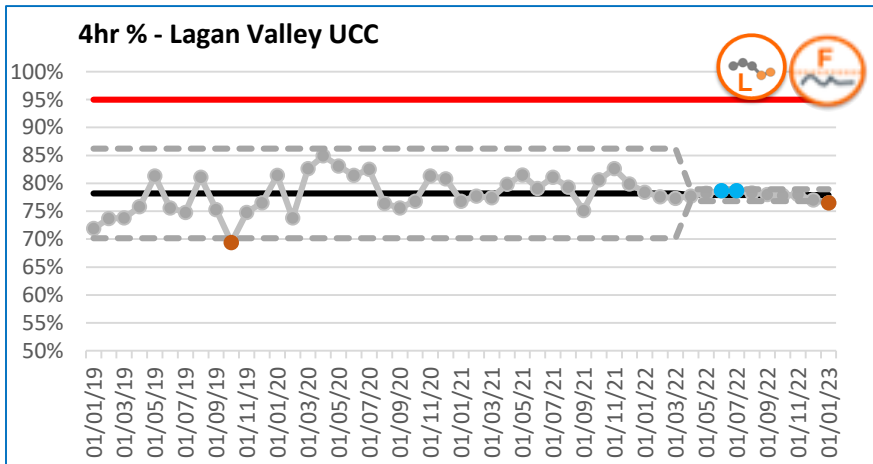
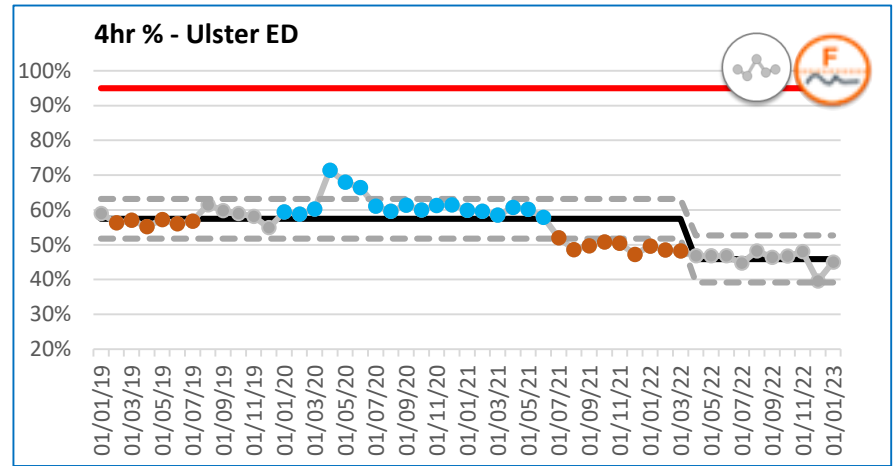
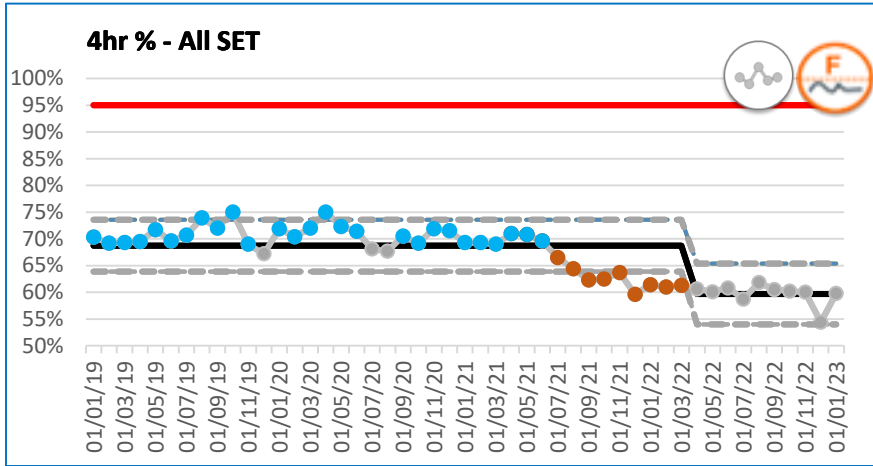
Quality of Life Improved Outcomes



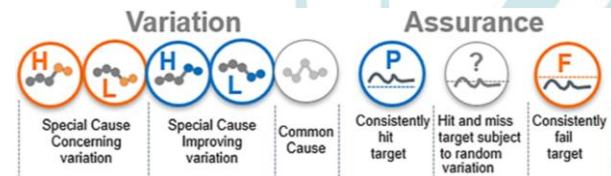
70% of patients have stated they have a better understanding of their condition since attending the clinic.

"Very informative, my health issue was explained well."

Unscheduled Care (1/2)



South Eastern Health and Social Care Trust



Unscheduled Care (2/2)

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 January 2023 60% of patients in SET achieved the 4hr target. 45% in the Ulster ED and 77% in Lagan Valley UCC.

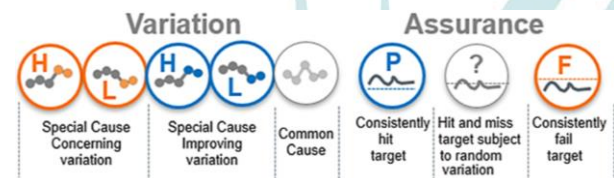
Adult Non-Elective Discharges is monitored as part of the Service Delivery Plan. Trusts must discharge more than they admit over a full week, and; average discharge rates at weekends should increase by 5% pts in Q2, 10% pts in Q3 and 15% pts in Q4 relative to baseline weekend discharge rates in 19/20.

In January 2023 the target weekend discharge rate was 30%, the Ulster achieved 17% which is 56% of target.

4 Hour performance remains a challenge at the Ulster site with significant overcrowding caused by increased length of stay. This increased length of stay is due to an increase in complexity and challenges in discharging people when medically fit. In late December and through January we saw significant increase in respiratory illnesses including flu and covid which has the impact of increasing acuity and making discharging people more challenging.

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

Weekend discharge rates from UHD continue to remain within normal variation limits, as expected. It will be challenging to impact performance without additional investment to support development of a full 7 day service across the USC pathway.



Emergency Care Waiting Time Statistics for Northern Ireland – Dec 21 vs Dec 22

Hospital	December 2021	December 2022	Notes for UHD
Attendances (Total)			
Ulster	8,041	8,805	Regional Position* 1 st Change since Dec 2021 +9.5%
RVH	6,402	6,246	
Craigavon	6,159	7,065	
Antrim	7,221	8,122	
Altnagelvin	5,307	5,472	
Attendances - New			
Ulster	7,712	8,459	Regional Position* 1 st Change since Dec 2021 +9.7%
RVH	6,283	6,100	
Craigavon	5,624	6,563	
Antrim	6,856	7,706	
Altnagelvin	4,939	5,129	
Attendances – Unplanned Review			
Ulster	329	346	Regional Position* 3 rd Change since Dec 2021 +5.2%
RVH	119	146	
Craigavon	535	502	
Antrim	365	416	
Altnagelvin	368	343	
Decisions to Admit			
Ulster	2,082	2,262	Change since Dec 2021 +8.6%
Regional**	11,693	11,975	Change since Dec 2021 +2.4%



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Emergency Care Waiting Time Statistics for Northern Ireland – Dec 21 vs Dec 22

Hospital	December 2021	December 2022	Notes for UHD
4 Hour Performance			
Ulster	47.2%	39.6%	Regional Position*
RVH	44.3%	24.6%	2 nd
Craigavon	40.8%	34.9%	
Antrim	46.4%	45.6%	Change since Dec 2021
Altnagelvin	38.7%	28.1%	-7.6%
12 Hour Performance			
Ulster	1,314	1570	Regional Position*
RVH	1,400	1858	3 rd
Craigavon	1,224	1815	
Antrim	1,344	1209	Change since Dec 2021
Altnagelvin	818	1174	+19.5%
Average Time from Triage to Start Treatment (Median) (Hrs:Mins)			
Ulster	0:59	1:26	Regional Position*
RVH	1:31	2:21	1 st
Craigavon	1:41	2:11	
Antrim	1:28	1:43	Change since Dec 2021
Altnagelvin	1:33	2:13	+45.8%
Time spent in ED by those admitted (Median) (Hrs:Mins)			
Ulster	13:23	14:54	Regional Position*
RVH	11:51	13:48	3 rd
Craigavon	14:25	18:53	
Antrim	9:24	11:10	Change since Dec 2021
Altnagelvin	13:00	19:58	+11.3%
Time spent in ED by those discharged (Median) (Hrs:Mins)			
Ulster	3:19	3:54	Regional Position*
RVH	5:04	6:22	1 st
Craigavon	3:55	4:36	
Antrim	3:32	3:54	Change since Dec 2021
Altnagelvin	4:17	5:24	+17.6%



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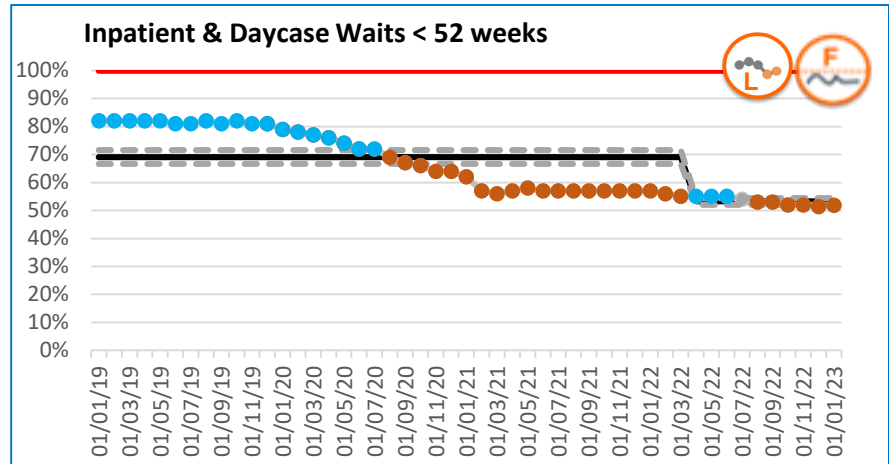
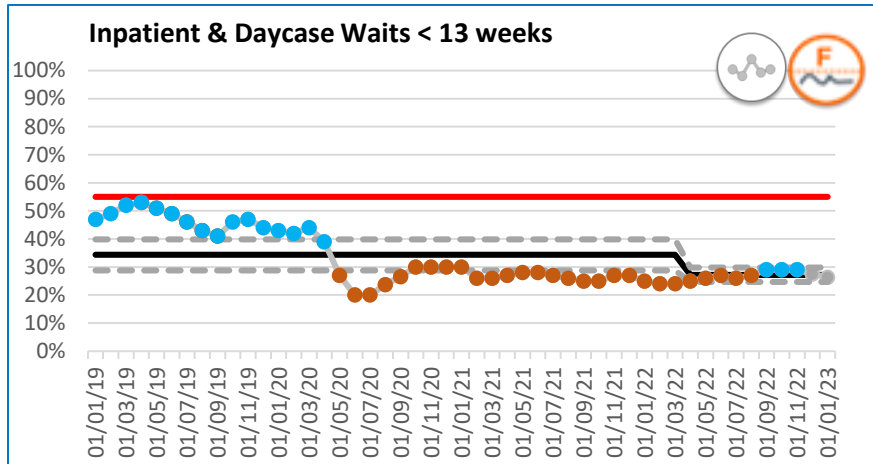
*compared with five busiest Emergency Departments shown

% GP referrals, left before treatment complete, unplanned re-attendances within 7 days

Department	GP referrals (%)				Left before treatment complete (%)				Unplanned re-attendances within 7 days (%)			
	Dec 21	Oct 22	Nov 22	Dec 22	Dec 21	Oct 22	Nov 22	Dec 22	Dec 21	Oct 22	Nov 22	Dec 22
Ulster	22.0	20.2	21.2	21.3	4.5	5.3	4.5	6.4	3.0	2.5	2.6	2.9
Downe	<i>No longer reported as ED in Department figures since Jan 22</i>											
Lagan Valley	9.3	6.0	5.0	4.8	1.5	1.5	0.9	0.9	1.9	1.6	2.0	1.6



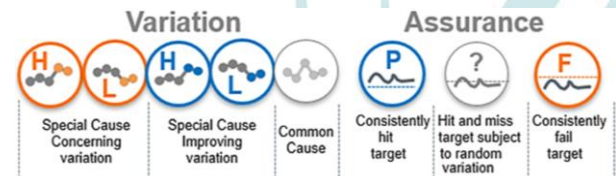
Inpatient and Daycase Waits



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 January 2023 25% of patients waited under 13 weeks. 52% of patients waited under 52 weeks.

Increasing red flag and urgent referrals are continuing to affect the number of patients waiting in excess of 13 and 52 weeks



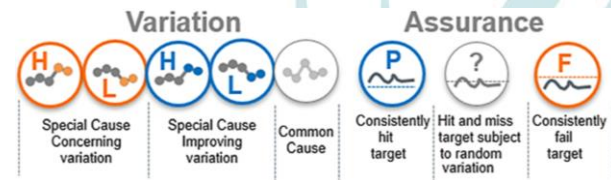
Safety, Quality and Experience of Care

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: 11 < 48 hours : 56 > 48 hours</p> <p>MRSA:2 < 48 hours, :4 > 48 hours</p> <p>There is an increase in CDI numbers over previous years. This is being monitored closely and reviewed.</p> <p>However, this trend appears to be across the region and a regional meeting with PHA has been organised for early February to discuss the way forward.</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 as of end of end of January</th> <th>April -Jan Episodes</th> </tr> </thead> <tbody> <tr> <td>C.difficile</td> <td>55</td> <td>69</td> <td>55</td> <td>4.58</td> <td>6.7</td> <td>67</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>6</td> <td>5</td> <td>0.42</td> <td>0.6</td> <td>6</td> </tr> <tr> <td>All Gram Negative#</td> <td>39</td> <td>78</td> <td>39</td> <td>3.25</td> <td>6.2</td> <td>62</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 as of end of end of January	April -Jan Episodes	C.difficile	55	69	55	4.58	6.7	67	MRSA	5	6	5	0.42	0.6	6	All Gram Negative#	39	78	39	3.25	6.2	62	
~ based on 19/20 Targets	Target 21/22~	Outturn 21/22~	Target 22/23~	Target no. of cases / month	Avg cases as of end of end of January	April -Jan 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.

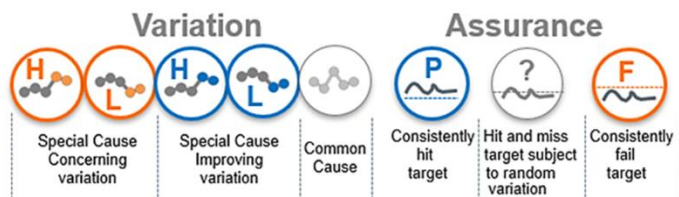
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

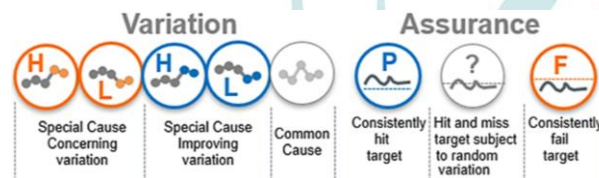
In January 2023 the following metrics monitored have had either an improving variation or consistently hit their target:

- Community Dental Services review contacts
- Dom care hours delivered (stat)
- Speech and Language Therapy new contacts
- Orthoptics review contacts
- Orthoptics number on the waiting list
- Dietetics > 13 week waits
- Speech and Language Therapy adults number on the waiting list
- Speech and Language Therapy adults > 13 week waits

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

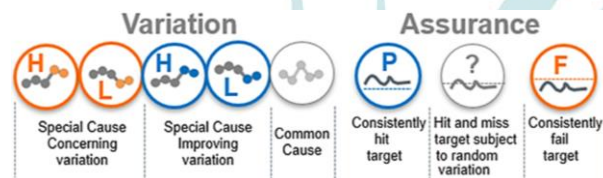


KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Jan 23	122	152		
CDS Contact Review	Jan 23	811	1013		
Complex Discharges (n)	Jan 23	485	-		
Complex Discharges < 48hrs - All SET	Jan 23	51%	90%		
Complex Discharges < 7 days	Jan 23	80%	100%		
Dom Care Hours Delivered Stat	Dec 22	75987	40972		
Dom Care Hours Delivered Ind	Dec 22	290487	184449		
AHP < 13 weeks	Jan 23	59%	100%		
District Nursing Contacts	Jan 23	22096	32708		
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	Jan 23	84	66		

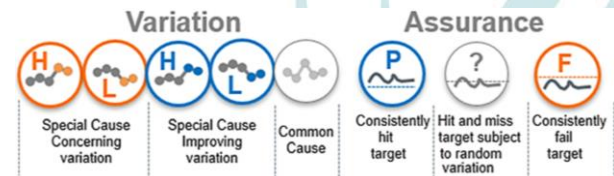


KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Jan 23	564	569		
Speech & Language Therapy Review Contacts	Jan 23	4301	4839		
Physio New	Jan 23	1861	2744		
Physio Review	Jan 23	5634	8131		
Occupational Therapy New	Jan 23	876	1204		
Occupational Therapy Review	Jan 23	2312	3362		
Dietetics New	Jan 23	779	946		
Dietetics Review	Jan 23	962	1120		
Orthoptics New	Jan 23	158	141		
Orthoptics Review	Jan 23	599	530		
Podiatry New	Jan 23	488	661		
Podiatry Review	Jan 23	2483	3467		

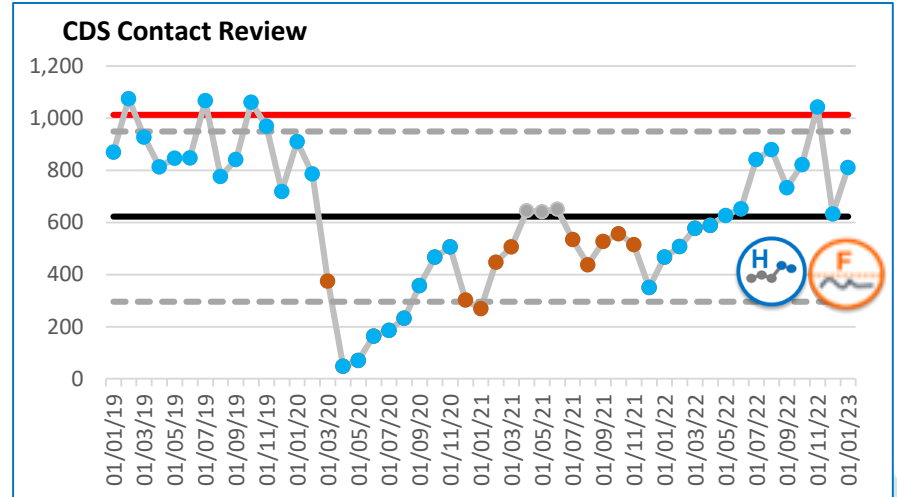
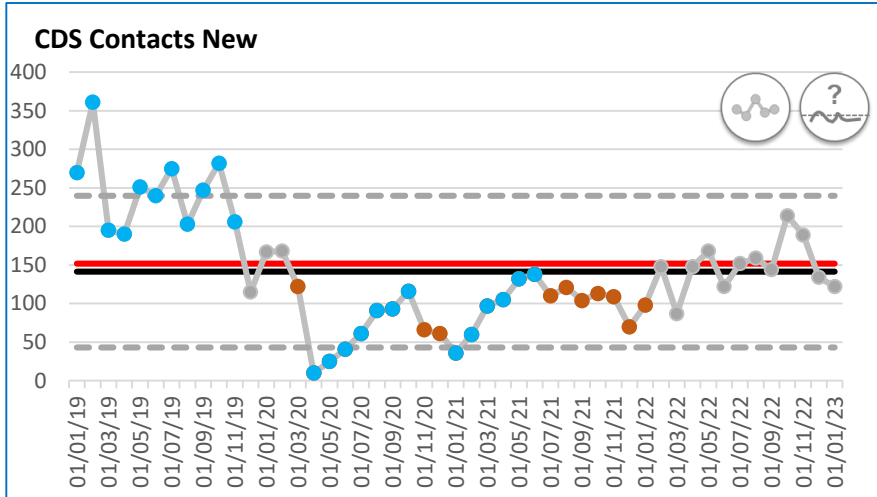
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Jan 23	2279	-		
Occupational Therapy >13 Week Waits	Jan 23	1189	-		
Orthoptics Number on WL	Jan 23	212	-		
Orthoptics >13 Week Waits	Jan 23	33	-		
Podiatry Number on WL	Jan 23	2477	-		
Podiatry >13 Week Waits	Jan 23	1272	-		
Physiotherapy Number on WL	Jan 23	6906	-		
Physiotherapy >13 Week Waits	Jan 23	2784	-		
Dietetics Number on WL	Jan 23	1347	-		
Dietetics >13 Week Waits	Jan 23	173	-		
Speech and Language Therapy Adult Number on WL	Jan 23	792	-		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Jan 23	792	-		
Speech and Language Therapy Adult >13 Week Waits	Jan 23	301	-		
Speech and Language Therapy Child Number on WL	Jan 23	536	-		
Speech and Language Therapy Child >13 Week Waits	Jan 23	212	-		



Community Dental



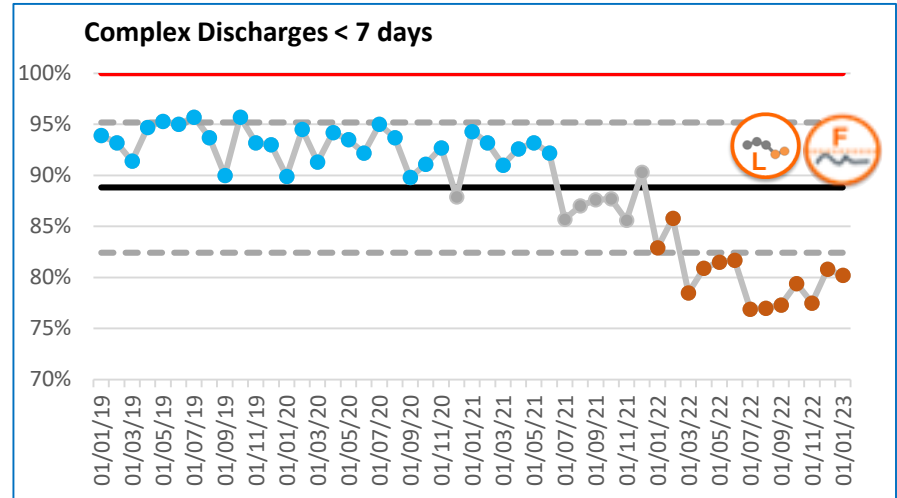
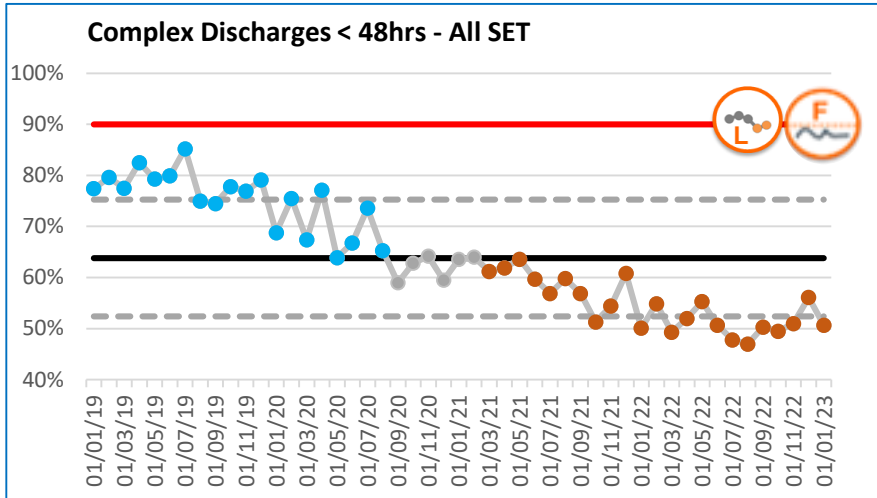
Community Dental Service - Patient contacts are monitored as part of the the Service Delivery Plan.

January 2023 recorded 122 new contacts against an expected trajectory of 152 equating to 80%

January 2023 recorded 811 review contacts against an expected trajectory 1,013, also equating to 80%

The service continue to perform effectively despite pressures and challenges. There are a large number of staff off sick across all grades during December and January, staff using annual leave as well as two dentists off on Maternity leave. There are two dentists and two dental nurses carrying out the Child Dental health survey for SPPG and this, although a very worthwhile exercise, this impacts on the time staff have for normal clinical activity. Strike action also played a part as some dental nurses are Unison members. This resulted in the cancellation of two routine clinics. A special care theatre list was also cancelled due to a shortage of medical staff. These factors are impacting on service capacity to cover some routine clinics. The service continues to plan effectively to ensure minimal impact on patients and to drive improvement in terms of service delivery against performance trajectories.

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.

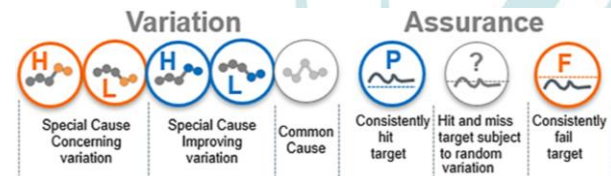
The total number of complex discharges was 485 in January 2023. January 2023 recorded 51% of complex discharges <48 hours against the 90% target. Complex Discharges < 7 days for January 2023 saw 80% of patients discharged against the 100% target.

There are continued challenges impacting efforts in relation to timely discharge for complex patients. Availability of domiciliary care and access to suitable care homes at times is challenging. The Trust has taken mitigating actions:

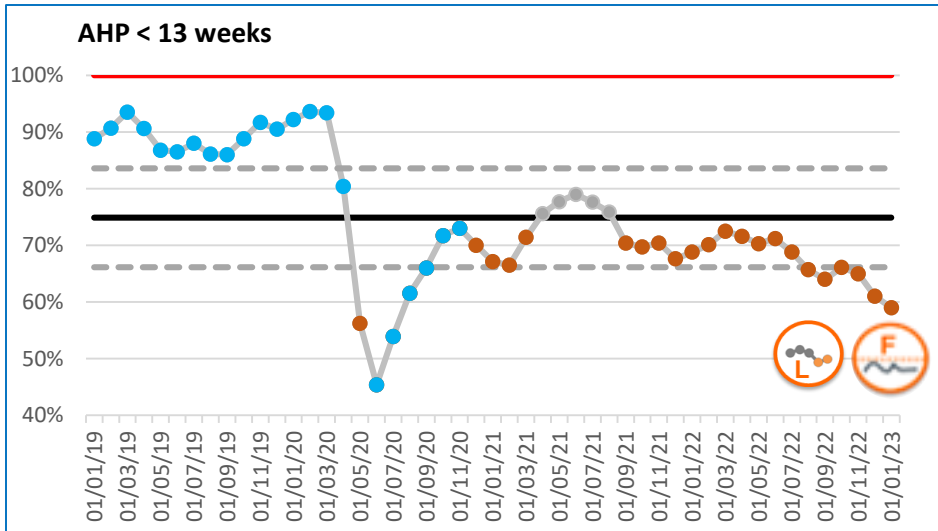
Continued collective efforts and additional staffing resource to reduce barriers to patient flow/discharge; ensuring maximum occupancy and utilisation of all community beds.

Continued review and increase of block booked beds including time specific turnaround time for decision making to ensure 7 day response.

Regional Chief Executive letter has been implemented.



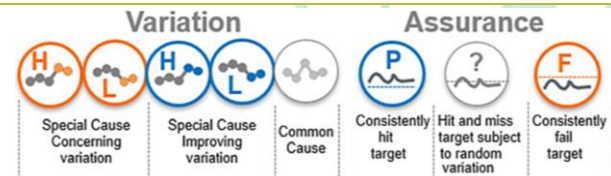
AHP < 13 weeks



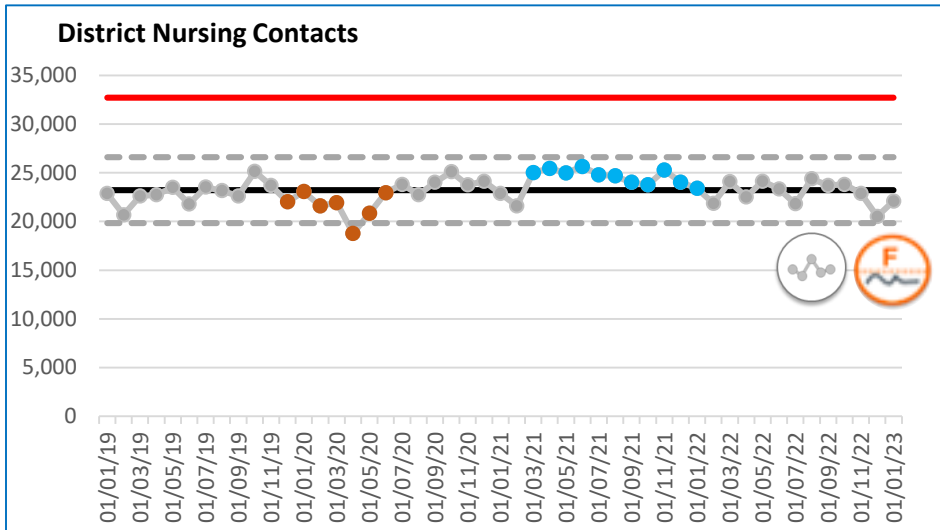
Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target

AHP < 13 weeks for January 2023 saw 59% of patients commencing treatment against the 100% target. Breakdown by speciality is given within the summary table in the PCOP section.

All AHP Services are experiencing a high number of Vacancies/Maternity Leave equating to > 25% of total staffing which continues to affect elective activity and Waiting list performance. There was a spike in sickness absence in December across all services which also impacted on service delivery this has had a residual effect on the numbers waiting. Innovations are now either implemented or in planning for all services to drive improvement in performance between January and March 2023.

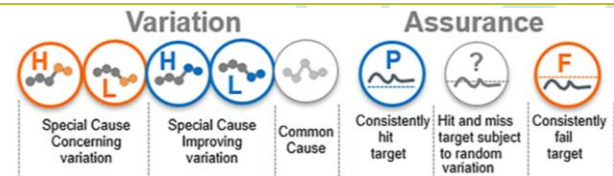


District Nursing Contacts

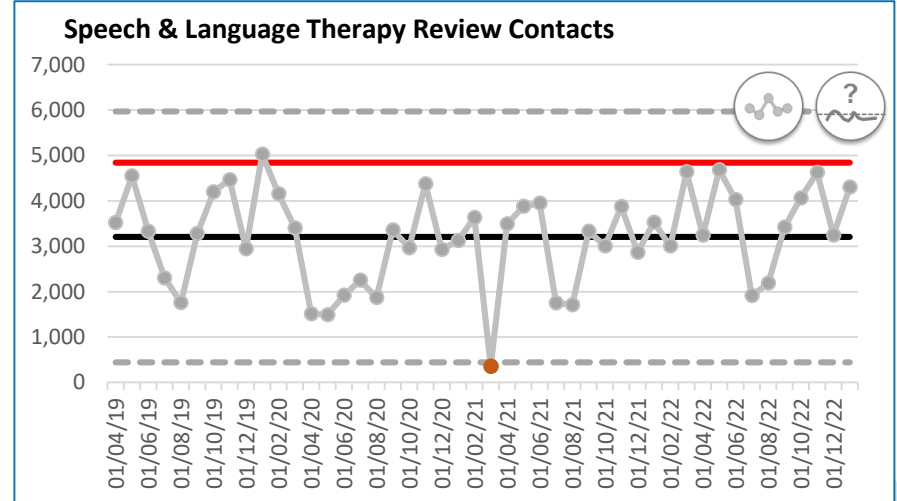
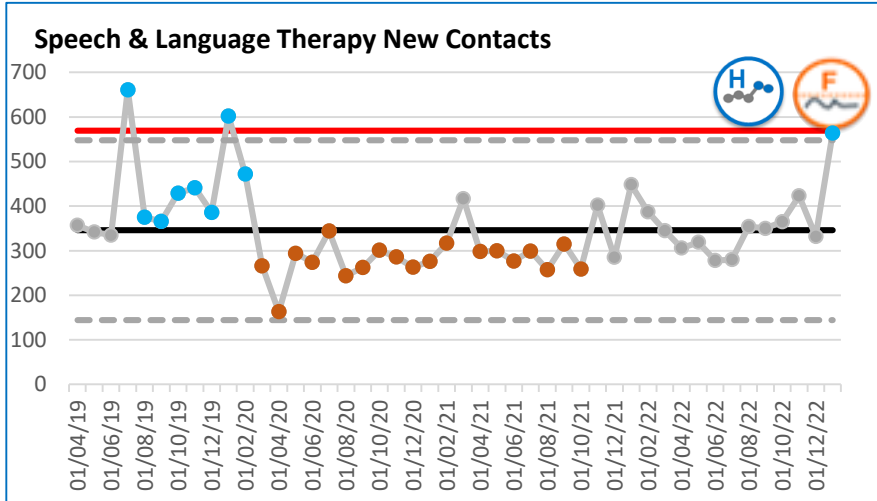


District Nursing contacts are monitored as part of the Service Delivery Plan. January 2023 saw 22,096 district nursing contacts against a trajectory of 32,708 equating to 68%.

At PTEB's request, there is a paper being tabled at the meeting 27 February on District Nursing which will seek PTEB's approval to revise the baselines. If this is agreed by PTEB, the baselines will be revised retrospectively to July 2022 which will provide a clearer picture. Service is currently under pressure as a result of significant staff vacancies, as well as absence as a result of sick leave and maternity leave but continues to strive to deliver responsive, and safe and effective services to patients in the community .



Speech and Language Therapy



Speech and Language Therapy contacts are monitored as part of the Service Delivery Plan.

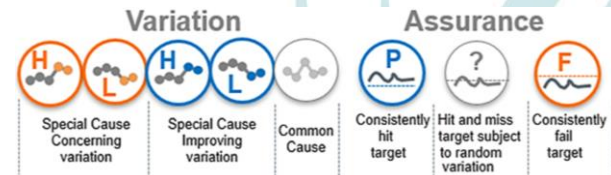
January 2023 new contacts recorded 564 contacts against an expected trajectory of 569 equating to 99%

January 2023 review contacts recorded 4,301 contacts against an expected trajectory 4,839. This equates to 89% of the expected activity

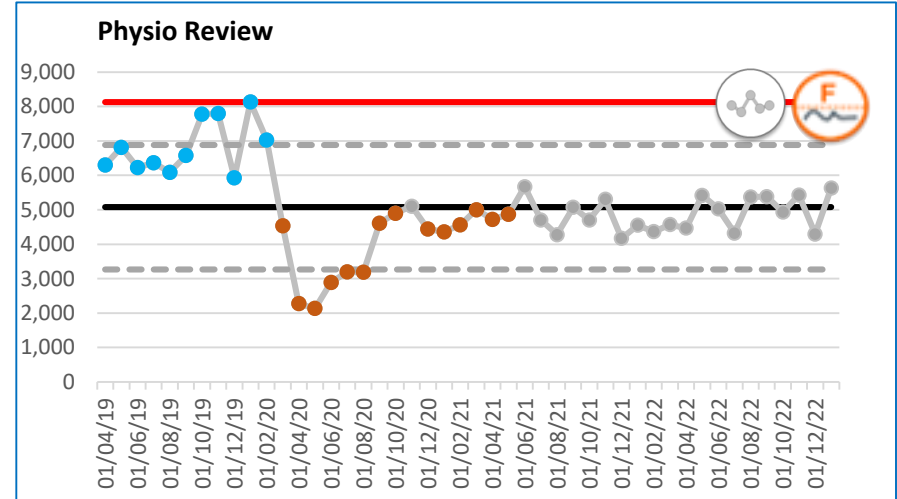
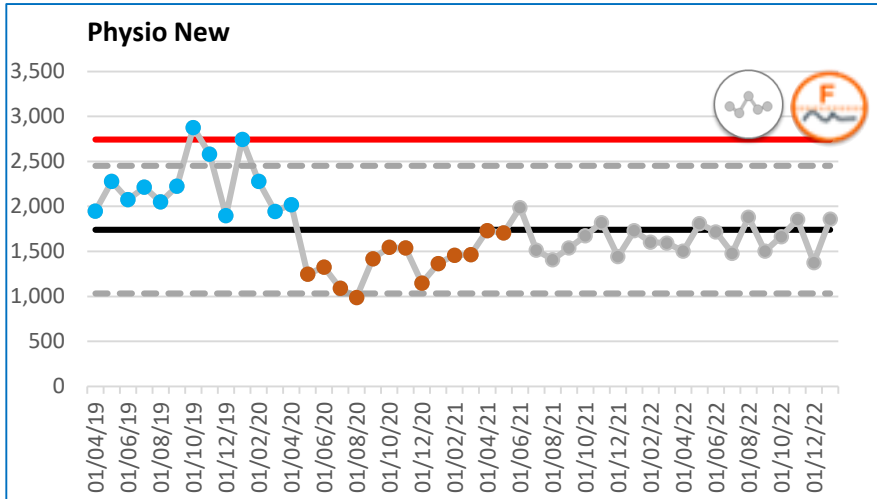
Increased focus on news in January resulted in less review appointments overall across the service.

In addition, vacancy rates for SLT services are significantly higher. We currently have 22 vacancies across both adult and children's services, in 2019 for the same month there were 8 vacancies.

Vacancy rates and also the length of time taken to fill these is compounded by sick leave and high maternity leave levels. Additionally, there has been a significant increase in the complexity of adults and children which requires increased appointment slots for individual patients/clients. Increased numbers of children in special schools and the dispersal of children with complex needs to 3 new sites across the Trust have added pressure on existing staffing to cover these new sites. The service has plans in place to ensure the needs of all patients are met in a timely and effective manner.



Physiotherapy



Physiotherapy - Patient contacts, New and Review are monitored as part of the Service Delivery Plan.

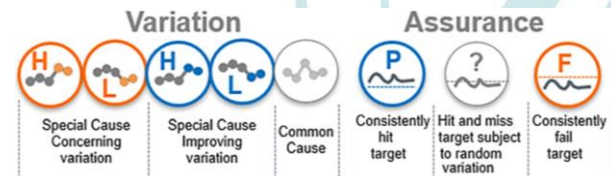
January 2023 new contacts recorded 1,861 contacts against an expected trajectory of 2,744 equating to 68%

January 2023 review contacts recorded 5,634 contacts against an expected trajectory 8,131. This equates to 69% of the expected activity

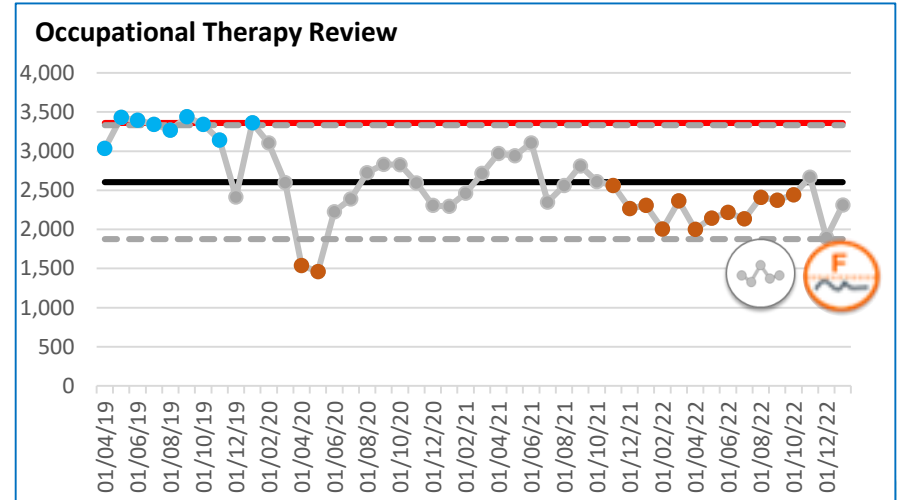
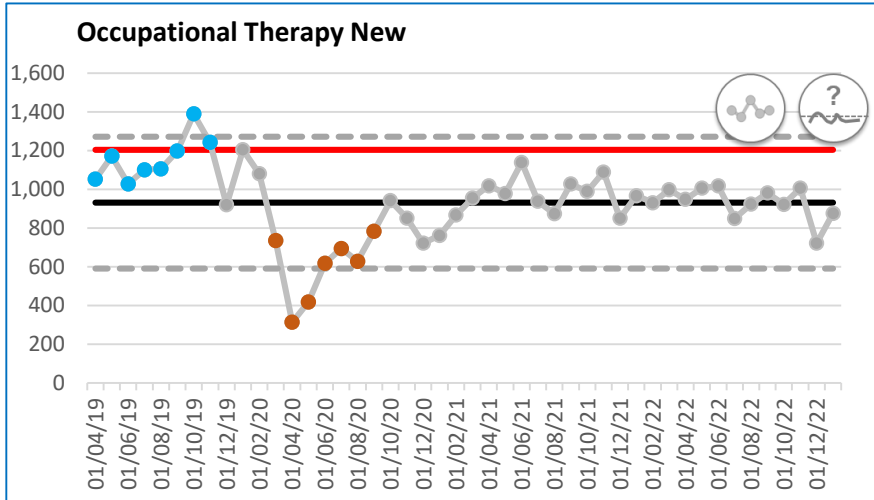
Physiotherapy continues to have significant number of vacant posts especially at band 5 level as well as increased maternity leave. These are both significantly higher than pre covid 2019 levels. Regional recruitment lists have also been exhausted. More complex patients being discharged home at an earlier stage increases treatment time needed for assessments and treatment.

Agency staff being used as available to cover vacant posts. Teams optimising use of support staff. Hybrid models of service delivery continue to be used to maximise capacity and skill mix to address patient needs. Waiting list validation ongoing.

it is reassuring that activity for new and review contacts both increased in January reflecting the effort and commitment of the service.



Occupational Therapy



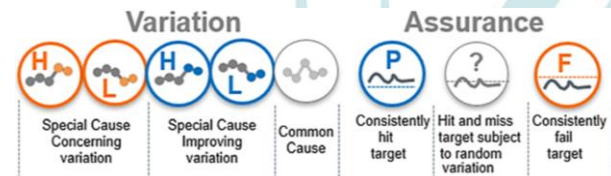
Occupational Therapy - Patient contacts, New and Review are monitored as part of the Service Delivery Plan.

January 2023 new contacts recorded 876 contacts against an expected trajectory of 1,204 equating to 73%

January review contacts recorded 2,312 contacts against an expected trajectory 3,362. This equates to 69% of the expected activity

Recruitment continues to be an issue as a result delays in filling vacant posts. Additionally, long term sick leave and maternity leave across services continues, leaving gaps in provision.

There is also an increase in the complexity of clients living in the community, requiring more intensive intervention over a longer period of time



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
and Social Care Trust



Performance Summary

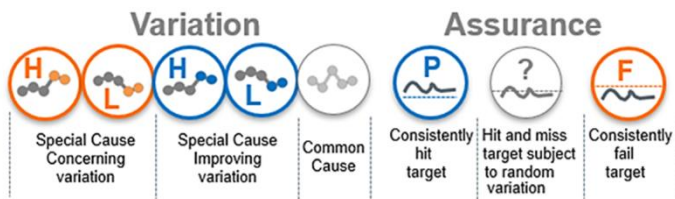
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.

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

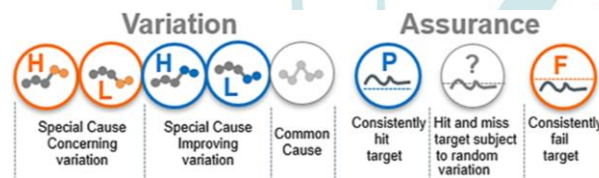
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

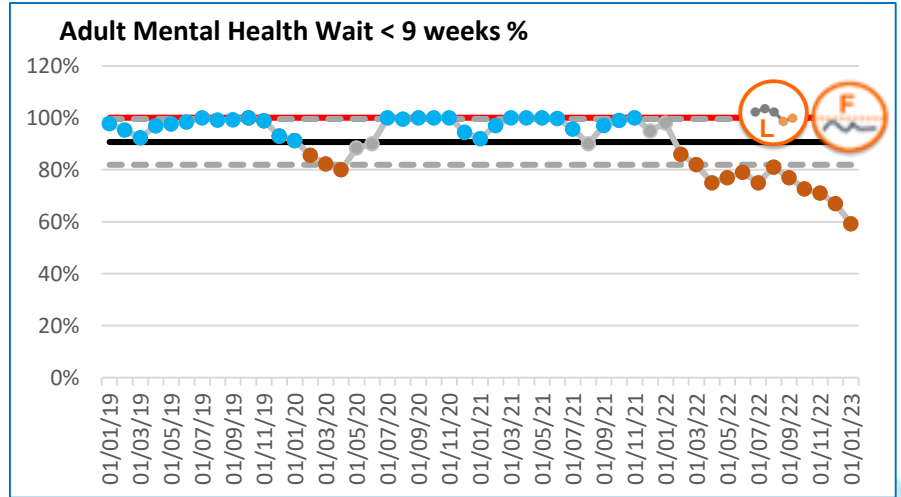
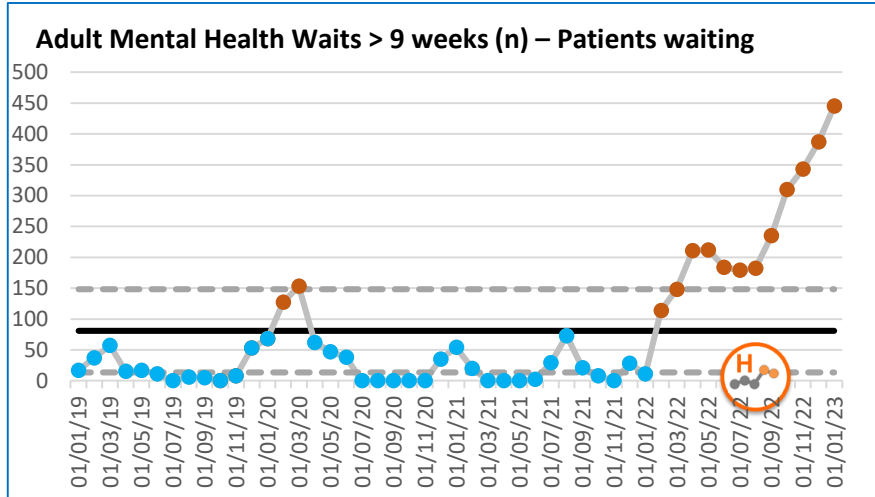
- Adult Mental Health Non-Inpatient Review Contacts
- Adult Day Care Attendances (Adult Disability and Older People)



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Jan 23	445	-		
Adult Mental Health Wait < 9 weeks %	Jan 23	59%	100%		
Adult Mental Health Non-Inpatient New	Jan 23	704	823		
Adult Mental Health Non-Inpatient Review	Jan 23	6308	4121		
Adult Day Care Attendances (Adult Disability and Older People)	Jan 23	7205	9002		
Psychological Therapies - New Contacts	Jan 23	217	111		
Psychological Therapies - Review Contacts	Jan 23	2143	1724		
Dementia Contacts New	Jan 23	161	138		
Dementia Contacts Review	Jan 23	772	722		
Dementia Services - No patient wait longer than 9 wks	Jan 23	34.6%	100.0%		
Dementia Services - No patient wait longer than 9 wks - breaches	Jan 23	418	-		



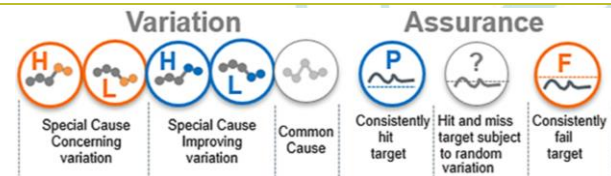
Adult Mental Health Waits



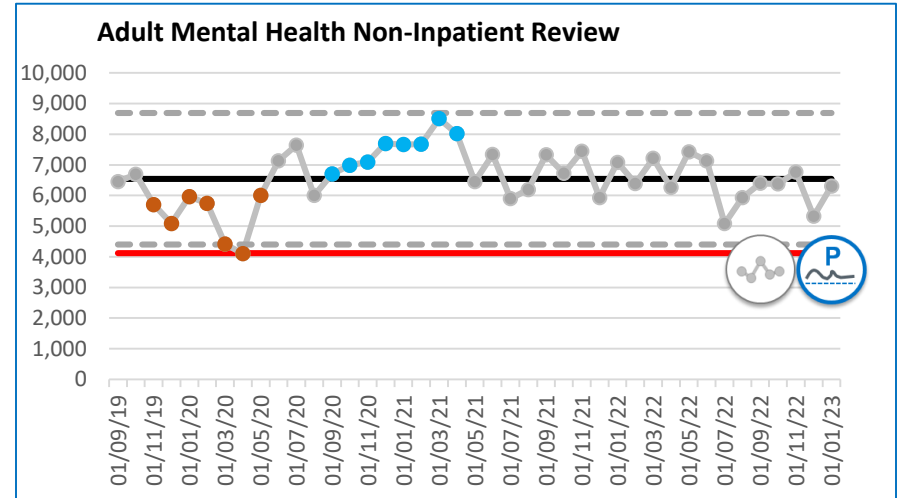
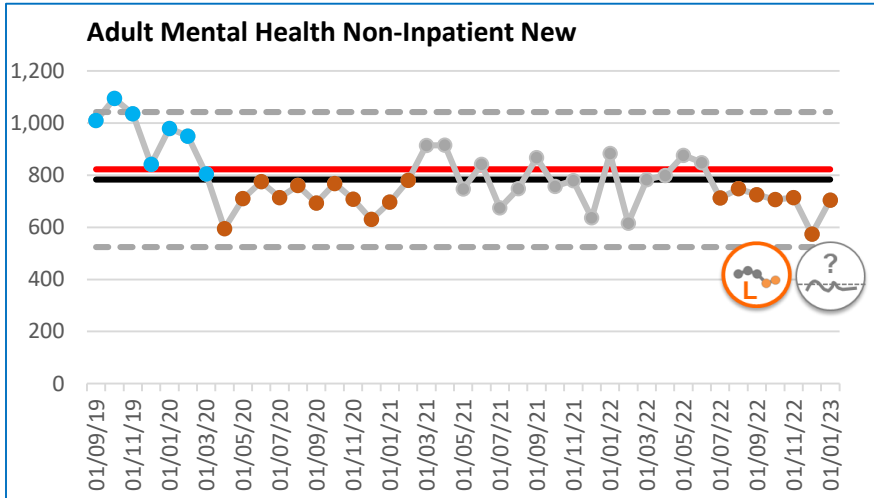
No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services. These metrics form part of the traditional CPD targets.

‘Adult Mental Health Waits >9 weeks (n)’ totalled 445 for January 2023. ‘Adult Mental Health Waits <9 weeks %’ recorded 59% of patients receiving assessment and commencement of treatment against the 100% target in January 2023.

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



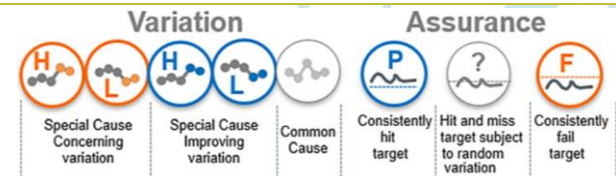
Adult MH Non-Inpatient



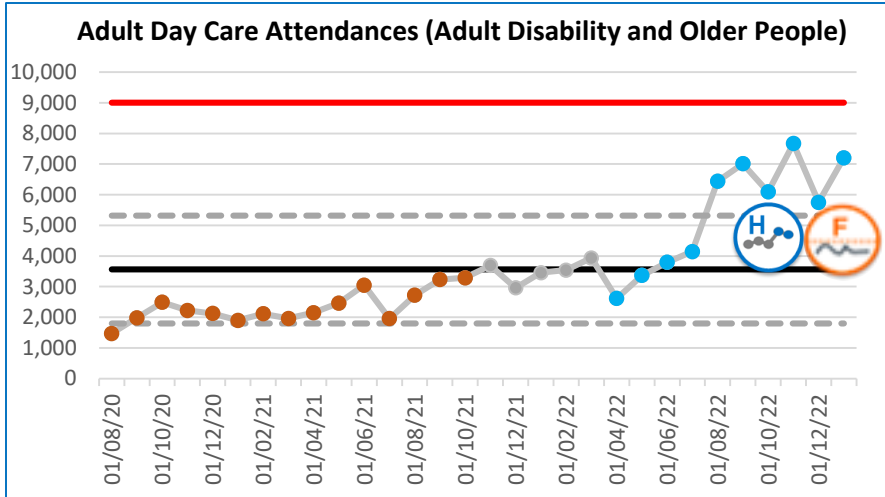
Adult Mental Health Non-inpatient review contacts is a metric monitored as part of the Service Delivery Plan

In January 2023 there were 704 review contacts against an expected trajectory of 823 equating to 86%.

Contacts have been reduced due to ongoing short and long term sick leave and vacancies with some bank staff being used to address the issue. Recruitment is ongoing and the service are hopeful that they will be successful in filling the current vacant posts, however there is ongoing concern with other staff leaving that the vacancies may remain.



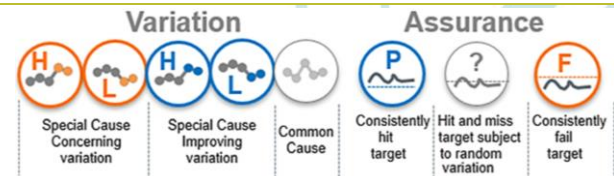
Adult Day Care



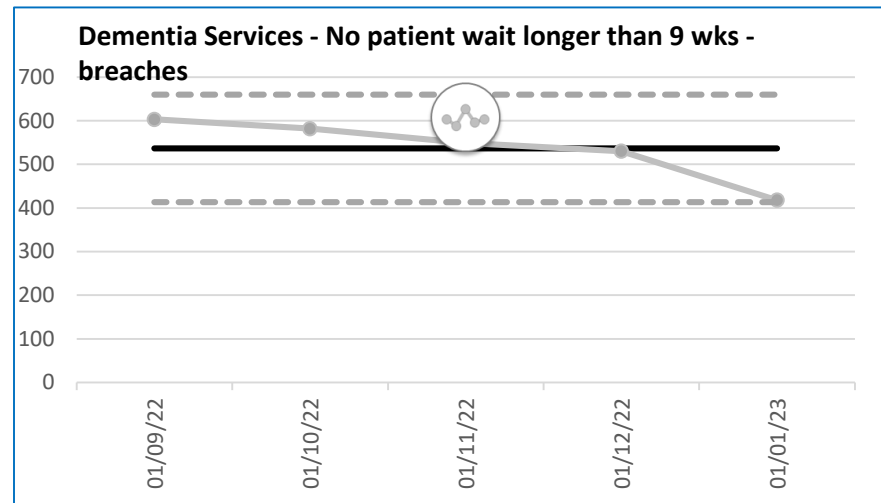
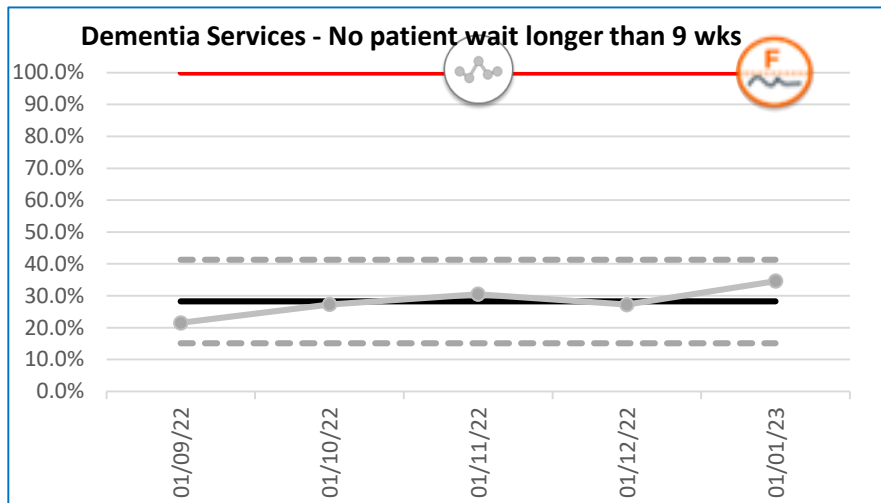
Adult Day Care Attendances for both Adult Disability and Older People is a metric monitored as part of the Service Delivery Plan

In January 2023 there were 7,205 adult day care attendances against an expected trajectory of 9,002 equating to 80%. Of these 6,581 attendances were under disability and 624 attendances were under older people.

Against the background of ongoing concerns about covid amongst clients and relatives, the Trust notes the extraordinary trend of improvement over the past 10 months within Adult Day care.



Dementia Services



Dementia Services: no patient is to wait longer than 9 weeks from referral. This metric is included from the traditional CPD reporting targets.

In January 2023 34.6% of patients waited less than 9 weeks from referral, with 413 patients breaching.

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

Following significant service improvement initiatives, Dementia Services continue on an upward trajectory in terms of new and review contacts, exceeding projected targets in January 2023.

This improving position continues for patients who are waiting less than 9 weeks from referral. These waits relate to time to diagnosis/medical outpatient appointments only. This cohort of patients may have been seen by other members of the multi-disciplinary team, e.g. Dementia Navigator/Social Worker/Community Mental Health Nurse, as captured on other recording methods.

The service continues to utilise waiting list initiative monies to redress the breach position.

Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust

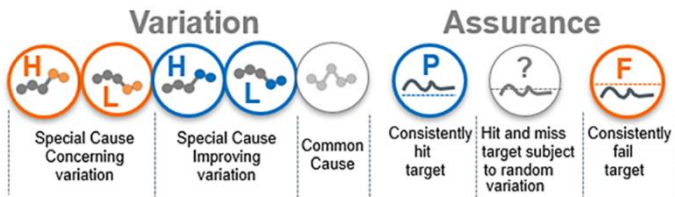


Performance Summary

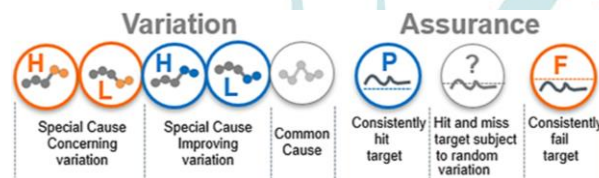
Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

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.

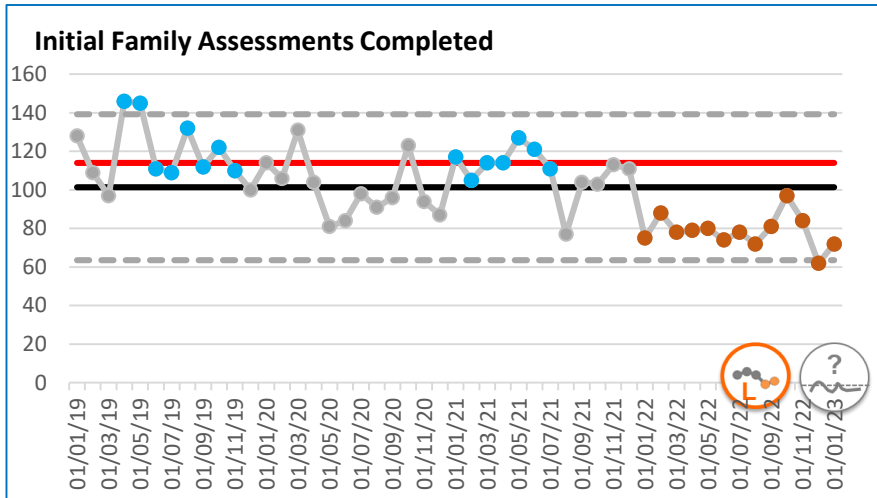
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Jan 23	72	114		
Unallocated Cases	Jan 23	329	-		
Unallocated Cases > 20 days	Jan 23	231	-		
Unallocated Cases > 30 days	Jan 23	213	-		
% of review CP case conferences held with 3 months	Jan 23	33%	85%		
Total reviews held within 3 months	Jan 23	12	-		
% of subsequent CP case conferences held within 6 months	Jan 23	78%	89%		
Total subsequent reviews held within 6 months	Jan 23	18	-		
% of Initial child protection cases conferences held within 15 days	Jan 23	76%	84%		



Initial Family Assessments

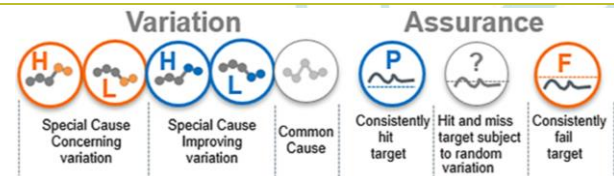


Number of initial Family Support assessments completed in the year (22/23) is taken from the Service Delivery Plan. The expected trajectory will total a minimum 6,759 for the year ending 31/3/23.

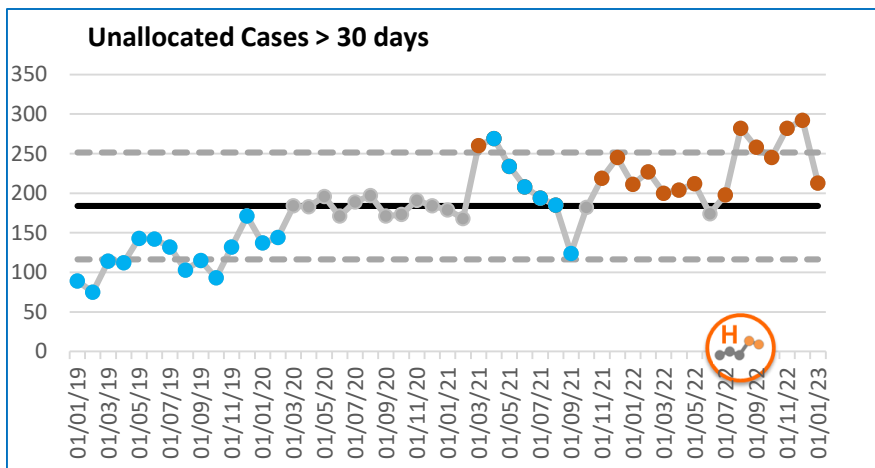
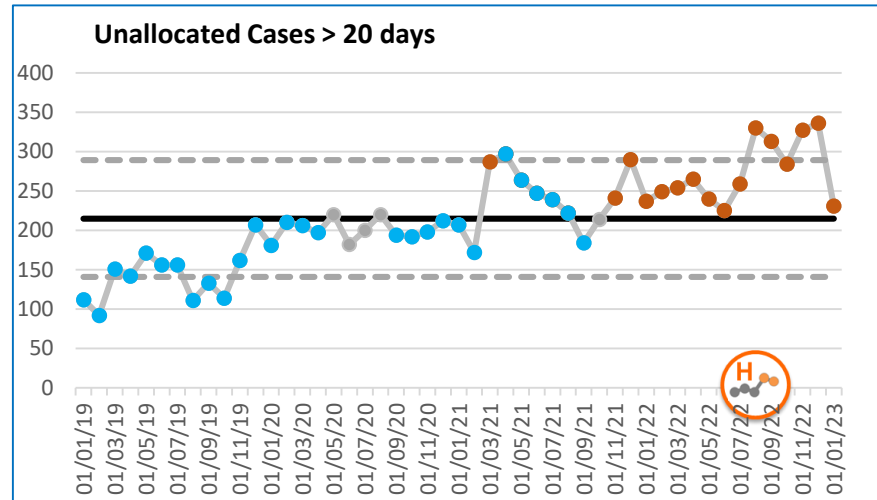
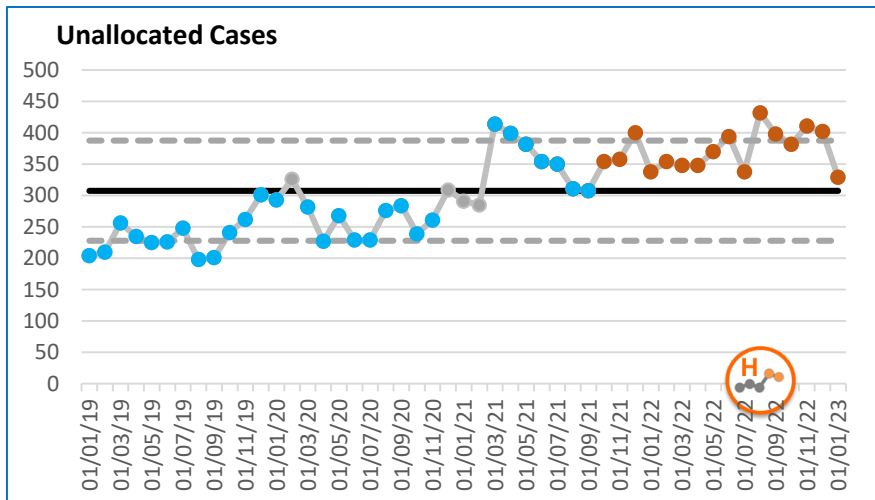
In January 2023, 72 assessments were completed against the trajectory of 114 equating to 63% of the expected activity.

The capacity in gateway to undertake initial assessments remains reduced as the service continues to have vacant posts with no available cover from agency/bank. New staff have taken up post and it is envisaged that this will increase the capacity and performance within the service. This has not yet resulted in a significant improvement in the numbers of IA's completed as these staff are undergoing induction and training in the Gateway role and assessment process. Additionally, the majority of these new staff are newly qualified and remain in their 'Assessed Year in Employment' which means they will continue to have reduced capacity for at least 6 months.

A peripatetic model is in place to address backlog of Initial Assessments, in conjunction with an action plan, to maximise capacity and performance. Action plans will continue to be monitored and reviewed



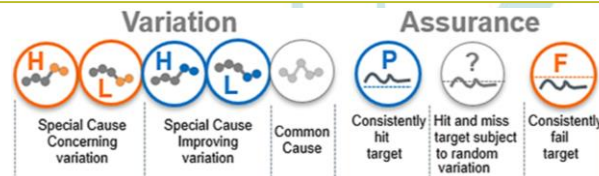
Unallocated Cases



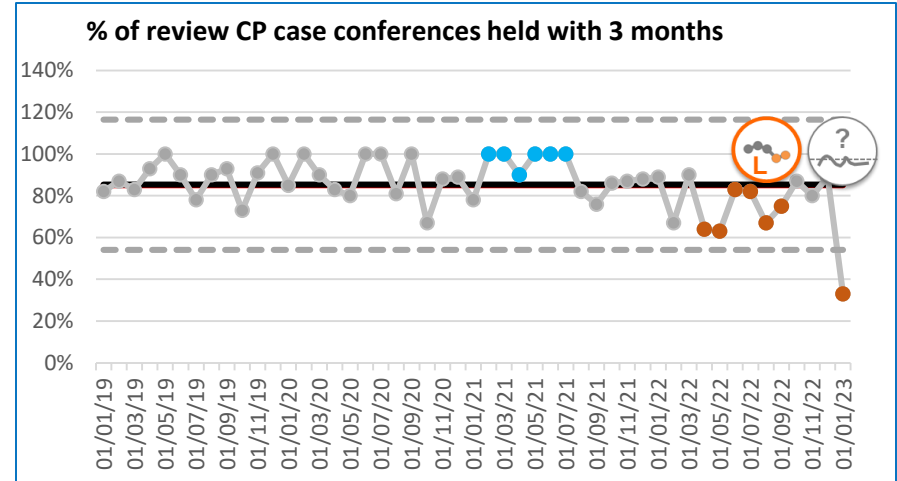
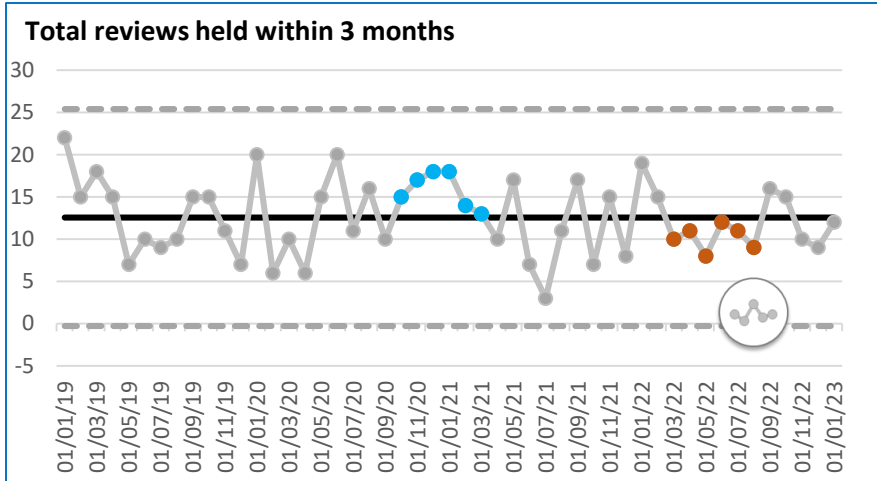
Unallocated cases are taken from the CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children’s Services.

In January 2023 the total number of allocated cases was 329. Unallocated Cases >20 days totalled 231 and > 30 days totalled 213.

Workforce issues has resulted in teams having to prioritise statutory caseloads, causing an increase in unallocated cases. Improvement work within Safeguarding and Disability ensures all unallocated cases are reviewed and triaged each month despite this.



Child Protection Reviews



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

The expected trajectory is 85% for January 2023. In January 2023, 33% of review child protection case conferences were held within 3 months equating to 39% of the expected activity.

Child Protection reviews continue to be impacted by ongoing workforce issues. Options to increase chairing capacity through the development of a peripatetic PSW are being considered. Action plans will continue to be monitored and reviewed to maximise capacity and performance

