

Integrated Performance Monitoring Report

February 2023

Paper Number: SET/34/23



South Eastern Health
and Social Care Trust

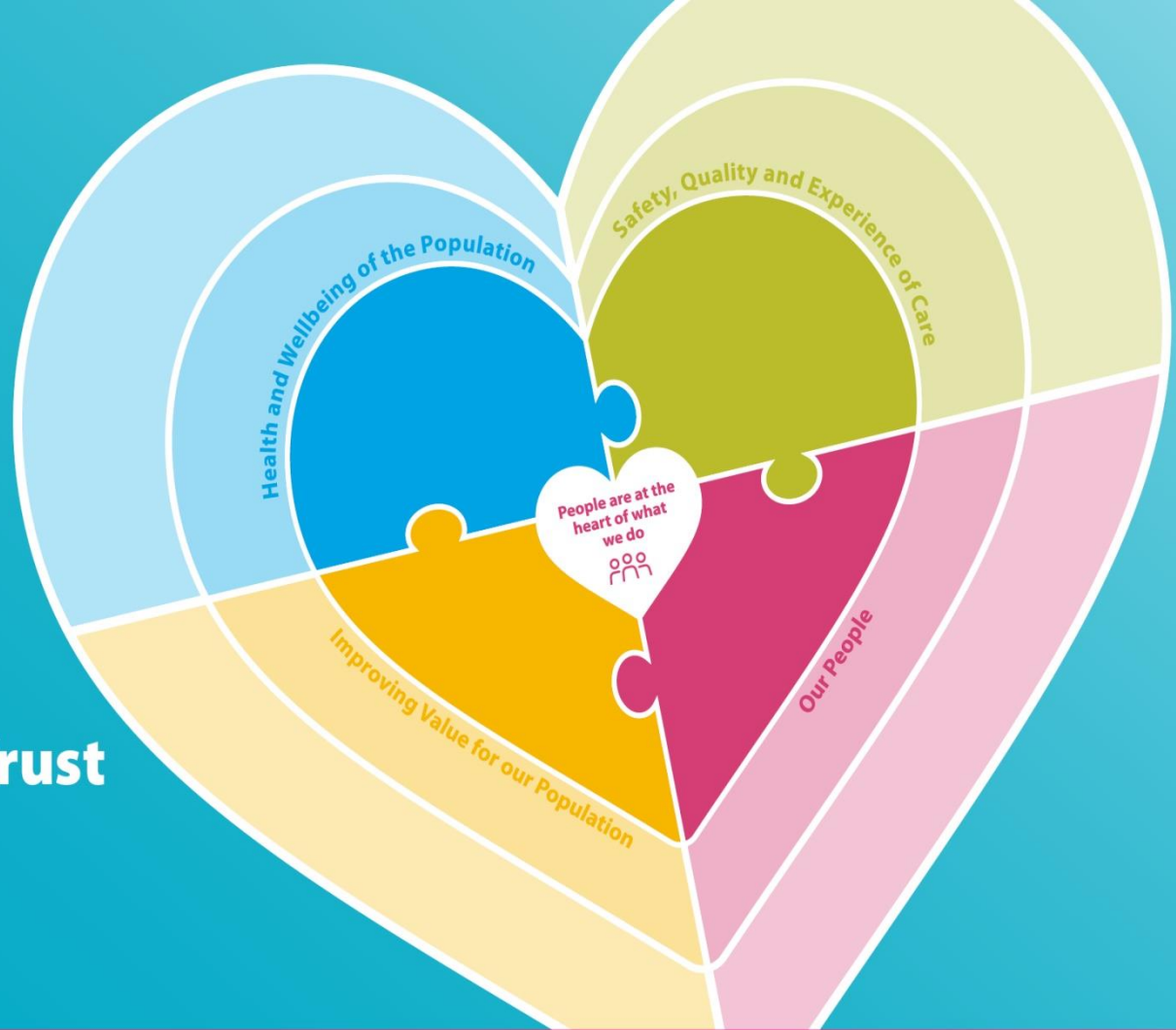




South Eastern Health
and Social Care Trust

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 February 2023 in relation to a number of key metrics including the Ministerial targets previously included within the Commissioning Plan, Department of Health Service Delivery Plan and the three corporate improvement priorities detailed below. This is a significant change to reporting and will be implemented and developed over the coming months. In the future, this report will also include reporting against the population health based Strategic Outcomes Framework being developed by the Department of Health's Strategic Planning and Performance Group (SPPG). 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 February 2023 is summarised below:

Status against trajectory	Total	% of total SDP Trajectories
Greater than 5%	17	36%
Between 0% & 5%	1	2%
Between -5% & -1%	2	4%
Less than -5%	27	58%
Total	47	

- **5 of 52 metrics not updated:
- Adult Short Breaks – Quarterly return
- 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

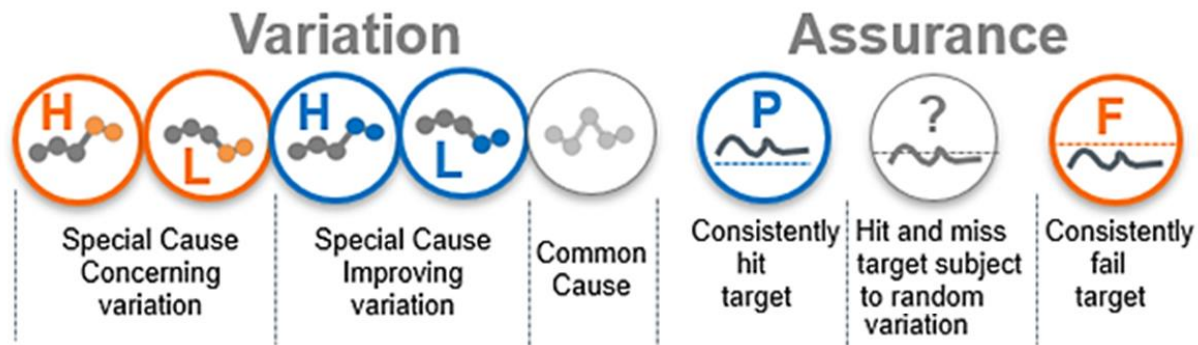
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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
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Performance Summary

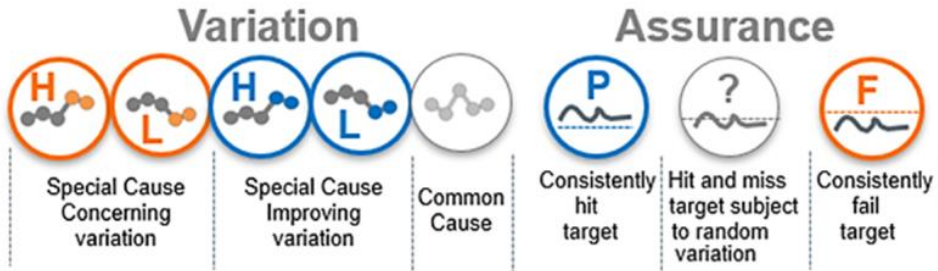
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

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.

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

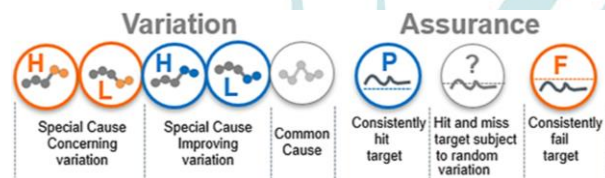
- 4hr % Performance in the Downe and Ards MIU sites



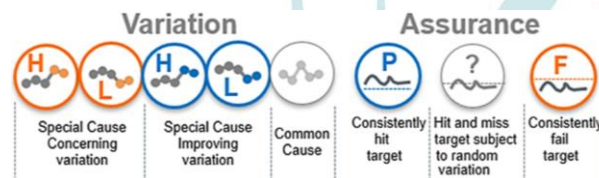
Elective Waiting Times

Specialty	Suspect Cancer/Red Flag OP Position February 2023	Routine Outpatient Position February 2023	Inpatient & Daycase Position February 2023
Symptomatic Breast Clinic	2 weeks	23 weeks	N/A
Cardiology	N/A	194 weeks	117 weeks
Dermatology	3 weeks	363 weeks	235 weeks
ENT	5 weeks	180 weeks	411 weeks
General Medicine/Gastroenterology	12 weeks	438 weeks	204 weeks
General Surgery	8 weeks	258 weeks	420 weeks
Geriatric Medicine	N/A	26 weeks	N/A
Gynaecology	6 weeks	351 weeks	450 weeks
Haematology	2 weeks	176 weeks	N/A
Nephrology	N/A	4 weeks	N/A
Neurology	2 weeks	338 weeks	N/A
Maxillo Facial	9 weeks	324 weeks	382 weeks
Paediatrics	2 weeks	165 weeks	N/A
Paediatric Surgery	N/A	10 weeks	339 weeks
Pain Management	N/A	166 weeks	185 weeks
Plastic Surgery	3 weeks	205 weeks	491 weeks
Thoracic Medicine	3 weeks	195 weeks	N/A
Rheumatology	N/A	308 weeks	N/A
Urology	4 weeks	251 weeks	539 weeks
Diagnostic Scopes	12 weeks	N/A	261 weeks















KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Feb 23	213	237		
Cancer 31 Day Activity	Feb 23	74	153		
Cancer 62 Day Activity	Feb 23	52.0	88.0		
Cancer 14 Day %	Feb 23	100%	100%		
Cancer 31 Day %	Feb 23	95%	98%		
Cancer 62 Day %	Feb 23	29%	95%		
Attendances - All SET	Feb 23	12014	-		
Attendances - Ulster ED	Feb 23	8069	-		
Attendances - Lagan Valley	Feb 23	1903	-		
Attendances - Downe	Feb 23	1145	-		
Attendances - Ards MIU	Feb 23	877	-		
4hr % - All SET	Feb 23	58%	95%		

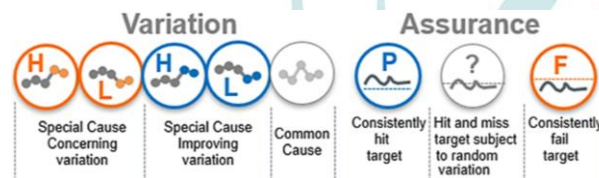


KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - Ulster ED	Feb 23	44%	95%		
4hr % - Lagan Valley	Feb 23	76%	95%		
4hr % - Downe	Feb 23	98%	95%		
4hr % - Ards MIU	Feb 23	100%	95%		
12hr Breaches - All SET	Feb 23	1436	-		
12hr Breaches - Ulster ED	Feb 23	1436	-		
12hr Breaches - Lagan Valley	Feb 23	0	-		
12hr Breaches - Downe	Feb 23	0	-		
12hr Breaches - Ards MIU	Feb 23	0	-		
Adult Non-Elective Discharges	Feb 23	16%	35%		
Non-Elective Average Length of Stay	Feb 23	8.5	8.1		



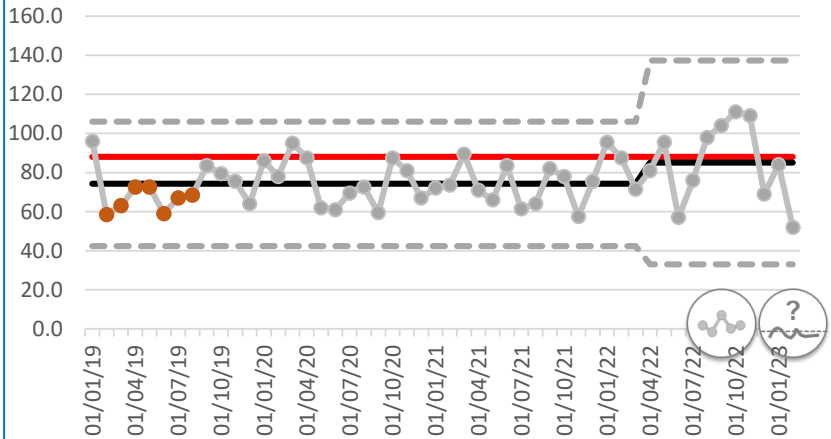
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Feb 23	6538	7037		
Outpatient Contacts New Face to Face	Feb 23	5528	-		
Outpatient Contacts New Virtual	Feb 23	1010	-		
Outpatient Contacts Review	Feb 23	12991	11623		
Outpatient Contacts Review Face to Face	Feb 23	9397	-		
Outpatient Contacts Review Virtual	Feb 23	3594	-		
Inpatient Activity	Feb 23	283	344		
Daycase Activity	Feb 23	1228	1729		
Endoscopy - 4 main scopes	Feb 23	647	749		
Cath Labs Procedures	Feb 23	45	58		
UHD Thrombolysis Rate	Feb 23	16%	15%		
UHD Admitted < 4 hours	Feb 23	21%	43%		

KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient & Daycase Waits < 13 weeks	Feb 23	26%	55%		
Inpatient & Daycase Waits < 52 weeks	Feb 23	52%	100%		
MRI	Feb 23	1034	1103		
CT	Feb 23	3569	3044		
NOUS	Feb 23	2827	2690		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Feb 23	82	152		
Echo	Feb 23	1229	1095		

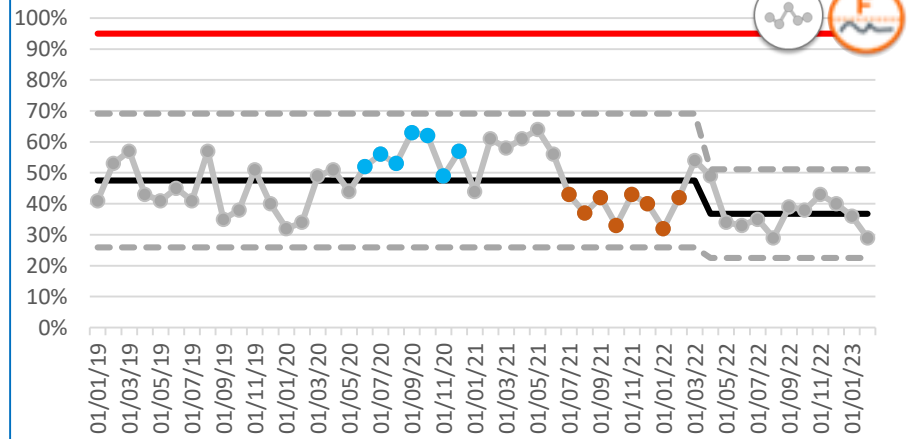


Cancer Services 62 Day

Cancer 62 Day Activity – Patients seen within 62 days



Cancer 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 52 for the month of February 2023, 59% of the 88 expected trajectory.

The ‘Cancer 62 Day %’ metric relates to traditional CPD targets and was 29% for February 2023 against the 95% target.

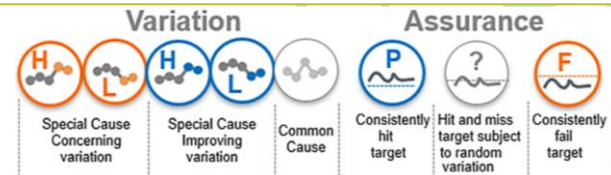
Performance will decrease as gynaecology back log is cleared. Tracking team experiencing staffing pressure with 2 trackers off long term sick and one post now vacant. Recruitment underway for new posts and vacancies.

2022/23 vs 2021/22

- 13% increase in referrals. An additional 2480 referrals will be received.
- 12% inc in skin cancer referrals
- 27% inc in LGI
- 12% inc in Gynae
- 27% inc in Head & Neck
- 12% inc in urology



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Unscheduled Care

The Journey To and Through the USC Pathway



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

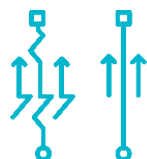
No More Silos funded Hubs saw 1,017 New and 683 Review attendances in February



Hospital Admissions are managed to ensure only those patients with a necessity are admitted. On average, there were 9.8 elective inpatients and 80 non-elective admission for non-maternity adults daily in February



Patients are staying for the minimum time possible, with an aim to reduce the average Length of Stay. Length of Stay in February was the 8.4 days for Adult non maternity discharges. (elective=4.8 non-elective=8.7)



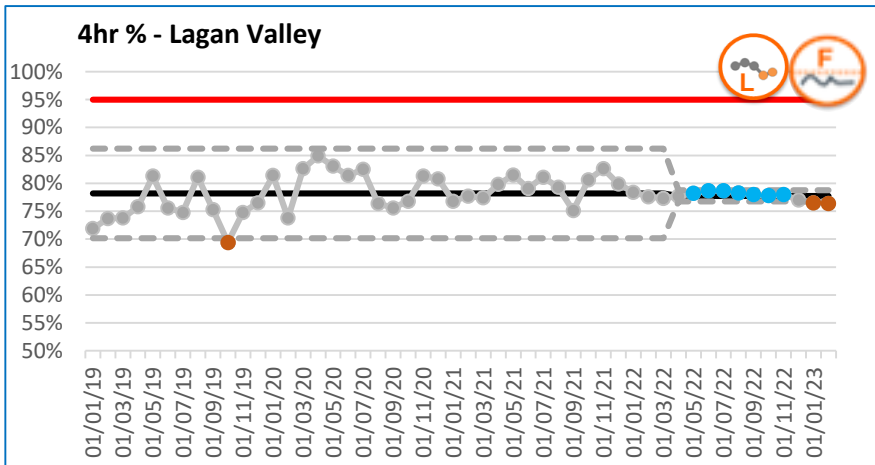
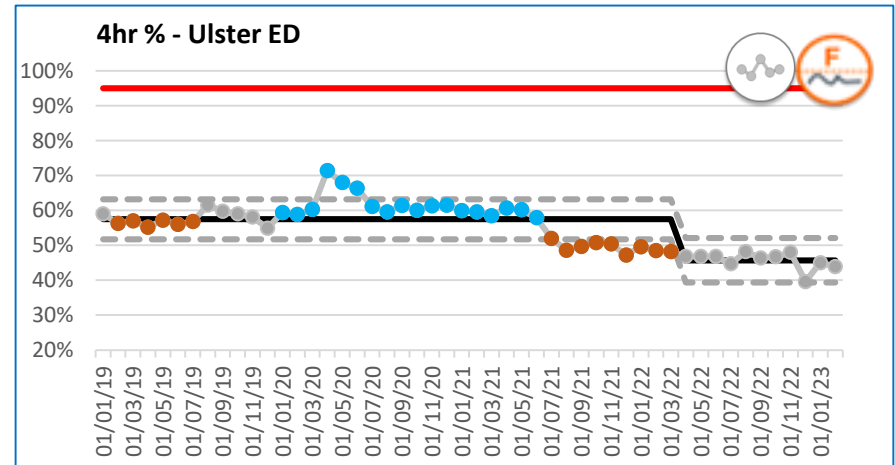
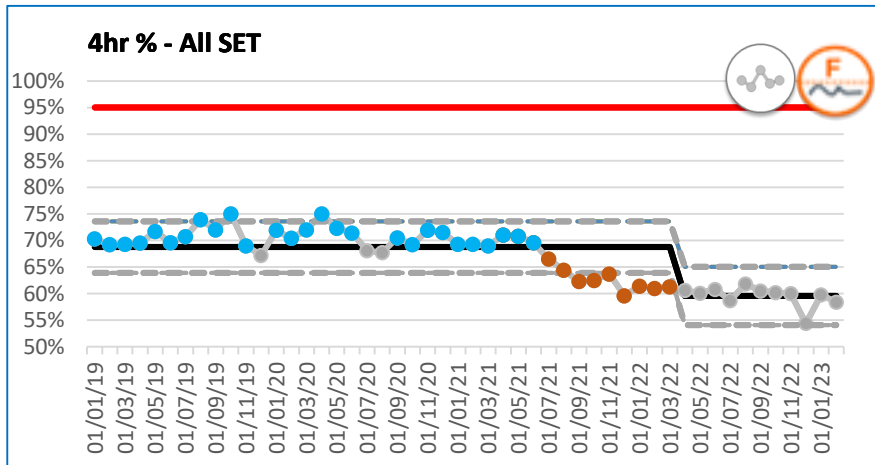
Discharges are managed quickly and efficiently, with patient safety at the centre of decision making.

In February there were 362 complex discharges, 55% of these were delayed less than 48 hours



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Unscheduled Care (1/2)

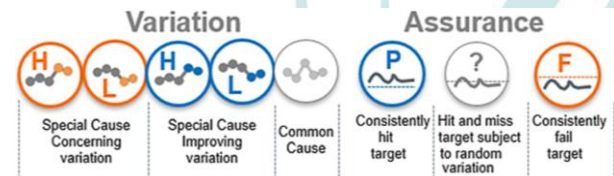


ED 4hr Performance is a CPD metric. 95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

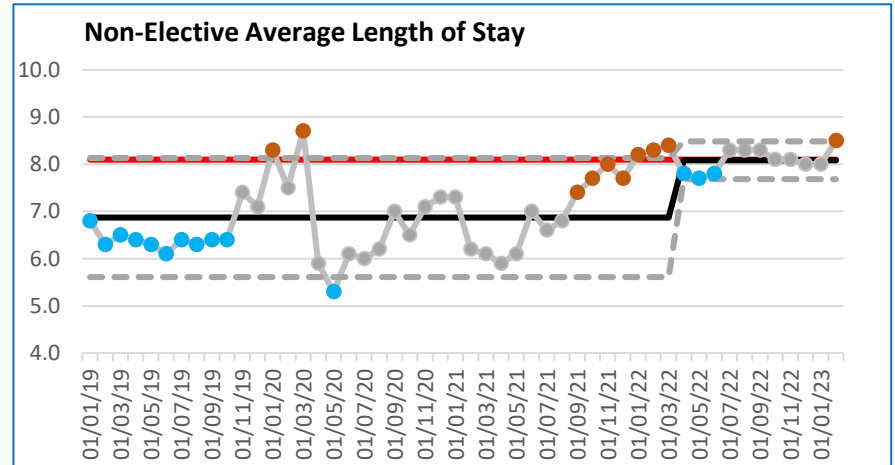
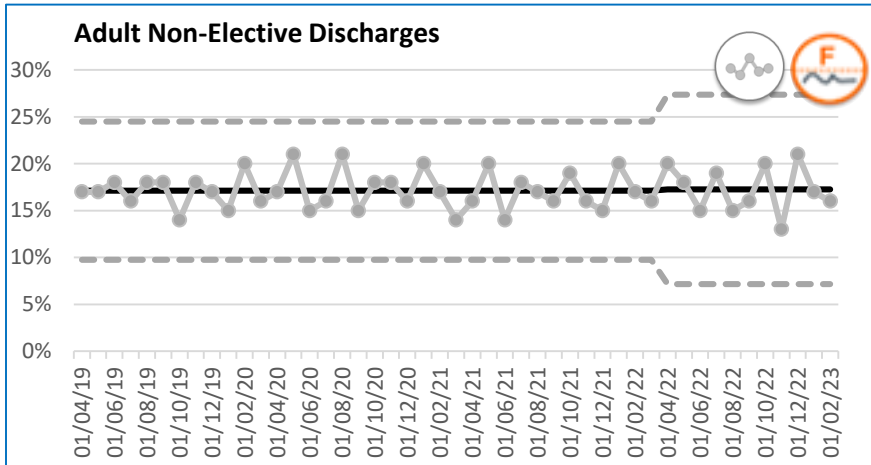
In February 2023 58% of patients in SET achieved the 4hr target. 44% in the Ulster ED and 76% in Lagan Valley UCC.

LVH – performance limited by lack on of site labs (longer process for results to come in)

UHD – performance most impacted by delays in admission to wards, but left before treatment complete has reduced back under 5% target from peak of 8%, which gives us assurances our maintaining performance in seeing and assessing new arrivals.



Unscheduled Care (2/2)



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 February 2023 the target weekend discharge rate was 35%, the Ulster achieved 16% which is 46% of expected trajectory.

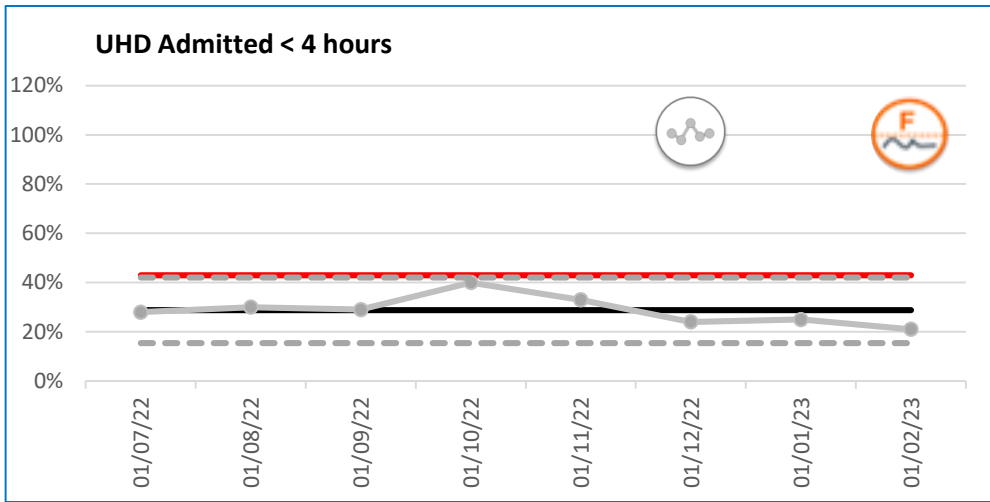
Average non-elective length of stay is included in the Service Delivery Plan metrics and the expectation is length of stay should be reduced by 0.2 days based on the 21/22 year.

February 2023 non-elective average length of stay was 8.5 days against an expected trajectory of 8.1.

It is of note the Trust have never agreed that this weekend discharge trajectory is achievable, with discharge rate at weekends expected to at least equal weekdays without 7 day funding. In 22/23, we've seen a 6% increase in the average number of weekend discharges compared to 21/22 levels, without any additional funding. We often see an increase in February linked to the peak of respiratory and winter viruses in January, so this is an expected increase. Compared to February 2020, we lost an additional 489 days in complex delays. Discharges outside SET accounted for 25% of complex discharges yet 366 lost bed days in breach (47%).

Increased demand and bed capacity consistently over 110% provided additional pressures on stretched medical resource, with a number of key locum consultants not available – which exposed our risk of reliance on locum medical staffing.

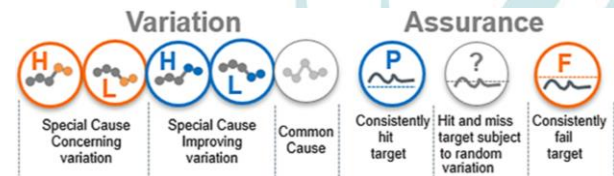
Stroke Services - %admitted <4hrs



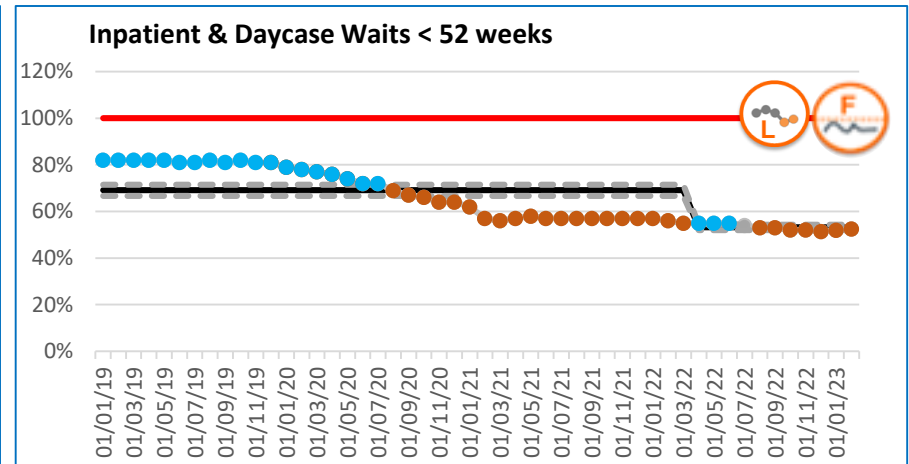
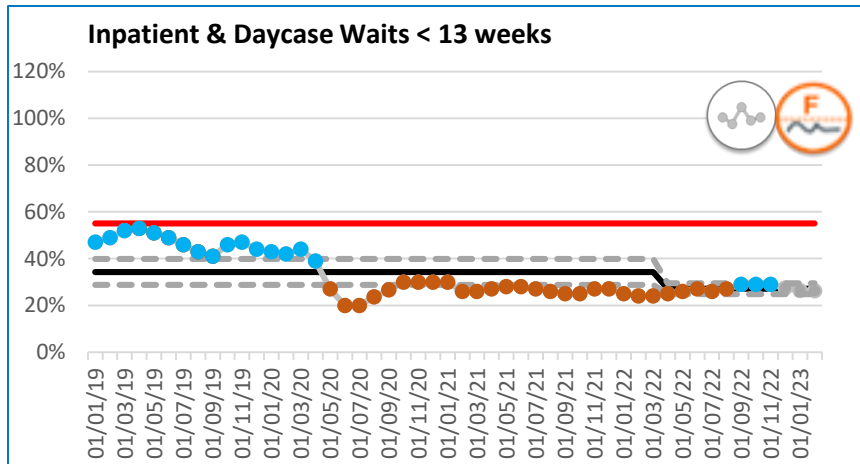
The Service Delivery Plan monitors the % of patients admitted to the stroke unit within 4 hours. Expected trajectory is measured against Q2 – 25%, Q3 – 33%, and Q4 – 43%.

In February 2023 21% of patients were admitted within 4 hours equating to 49% of the 43% expected trajectory.

Performance is challenging due to current unscheduled pressures, the need for corridor beds, and an inability to protect a direct to stroke bed.



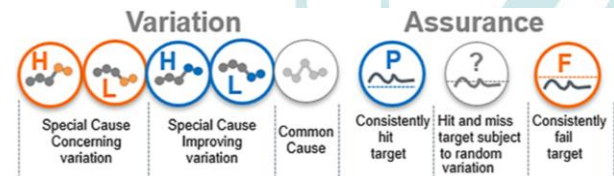
Inpatient and Daycase Waits



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

Challenges with staff taking proportionally more leave this year to ensure all leave from Covid period taken before year end.



Safety, Quality and Experience of Care

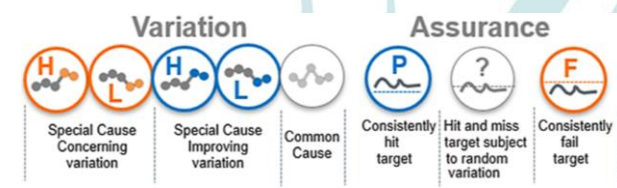
HEALTHCARE ACQUIRED INFECTIONS



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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 in-patient episodes of Clostridium difficile infection (CDI) in patients aged 2 years and over, and episodes of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection compared to 2017/18.</p> <p>By March 2020 secure an aggregate reduction of 11% of (GNB) Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18.</p>	<p>2021/22: CDI: 16 < 48 hours : 53 > 48 hours</p> <p>MRSA:0 < 48 hours, :6 > 48 hours</p> <p>2022/23: CDI: 12 < 48 hours : 58 > 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.</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 February</th> <th>April - Feb Episodes</th> </tr> </thead> <tbody> <tr> <td>C.difficile</td> <td>55</td> <td>69</td> <td>55</td> <td>4.58</td> <td>6.4</td> <td>70</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>6</td> <td>5</td> <td>0.42</td> <td>0.5</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>6.4</td> <td>71</td> </tr> </tbody> </table> <div style="display: flex; flex-direction: column; gap: 10px;"> </div>	~ 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 February	April - Feb Episodes	C.difficile	55	69	55	4.58	6.4	70	MRSA	5	6	5	0.42	0.5	6	All Gram Negative#	39	78	39	3.25	6.4	71	<div style="display: flex; flex-direction: column; gap: 10px;"> </div>
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Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
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Performance Summary

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

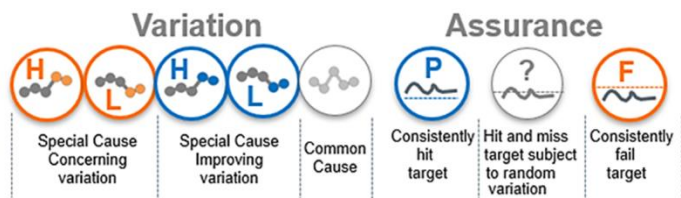
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The summary table is followed by detailed SPC charts and narrative from the service on key areas.

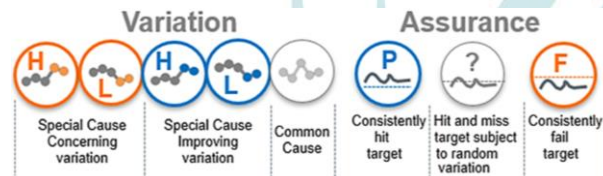
In February 2023 the following metrics monitored have had either an improving variation or consistently hit their target:

- Community Dental Services review contacts
- Dom care hours delivered (stat)
- Speech and Language Therapy Review contacts
- Speech and Language Therapy Adult Number on waiting list
- Speech and Language Therapy Adult > 13 week waits

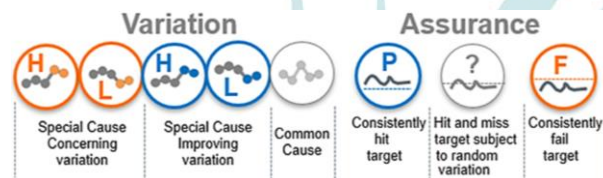
District Nursing compliance with SSKIN bundle for pressure ulcers performance metric is provided in arrears by SPPG as part of the Service Delivery Plan


















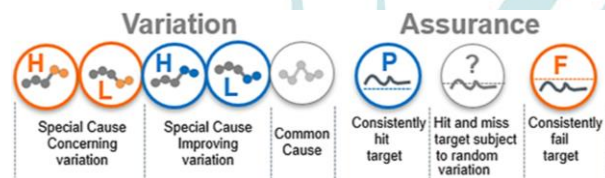
KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Feb 23	115	152		
CDS Contact Review	Feb 23	890	1013		
Complex Discharges (n)	Feb 23	362	-		
Complex Discharges < 48hrs - All SET	Feb 23	55%	90%		
Complex Discharges < 7 days	Feb 23	83%	100%		
Dom Care Hours Delivered Stat	Jan 23	58038	55097		
Dom Care Hours Delivered Ind	Jan 23	234571	261782		
AHP < 13 weeks	Feb 23	61%	100%		
District Nursing Contacts	Feb 23	19815	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	Feb 23	76	66		



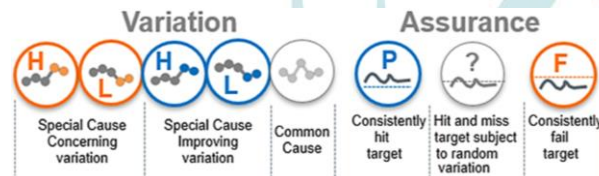
KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Feb 23	476	471		
Speech & Language Therapy Review Contacts	Feb 23	3379	3961		
Physio New	Feb 23	1763	2278		
Physio Review	Feb 23	5246	7027		
Occupational Therapy New	Feb 23	842	1080		
Occupational Therapy Review	Feb 23	2258	3104		
Dietetics New	Feb 23	666	855		
Dietetics Review	Feb 23	846	930		
Orthoptics New	Feb 23	122	105		
Orthoptics Review	Feb 23	465	372		
Podiatry New	Feb 23	587	556		
Podiatry Review	Feb 23	2462	2983		



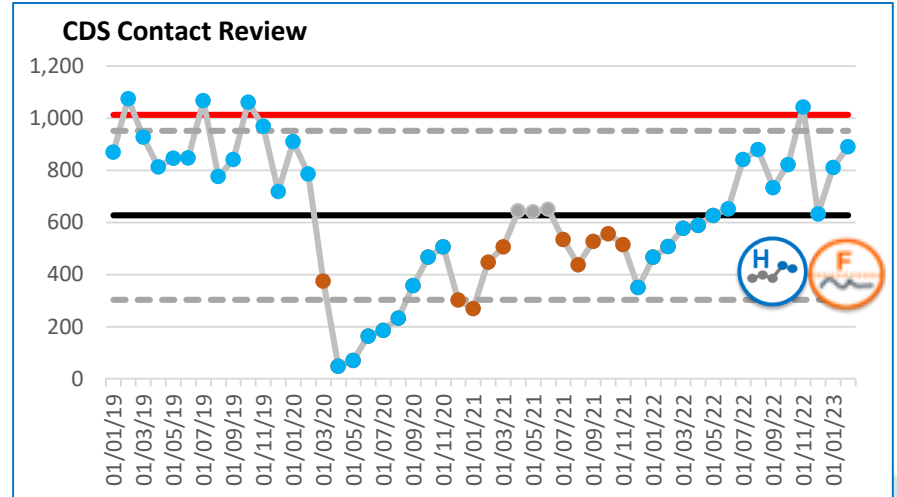
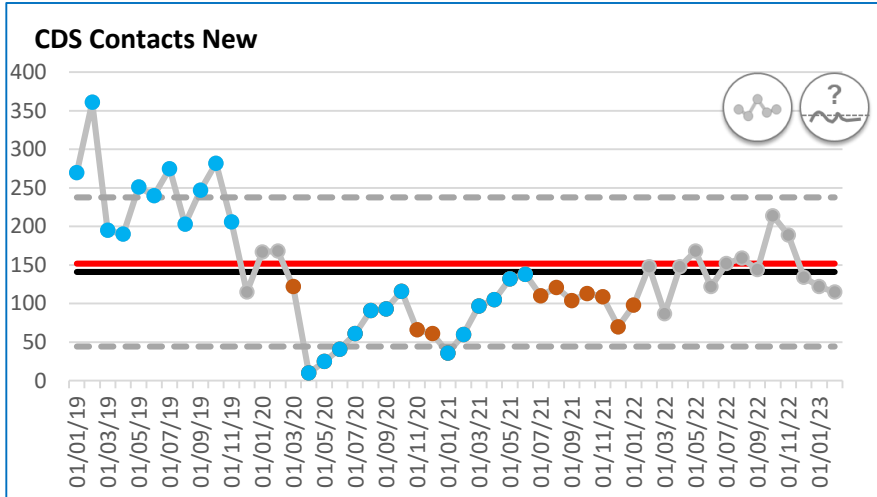
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Feb 23	2381	-		
Occupational Therapy >13 Week Waits	Feb 23	1198	0		
Orthoptics Number on WL	Feb 23	403	-		
Orthoptics >13 Week Waits	Feb 23	118	0		
Podiatry Number on WL	Feb 23	2496	-		
Podiatry >13 Week Waits	Feb 23	1209	0		
Physiotherapy Number on WL	Feb 23	7240	-		
Physiotherapy >13 Week Waits	Feb 23	2885	0		
Dietetics Number on WL	Feb 23	1462	-		
Dietetics >13 Week Waits	Feb 23	214	0		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Feb 23	707	-		
Speech and Language Therapy Adult >13 Week Waits	Feb 23	207	0		
Speech and Language Therapy Child Number on WL	Feb 23	506	-		
Speech and Language Therapy Child >13 Week Waits	Feb 23	178	0		



Community Dental

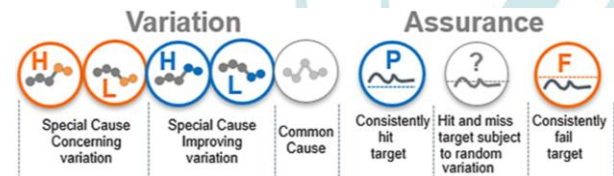


Community Dental Service - Patient contacts are monitored as part of the the Service Delivery Plan.

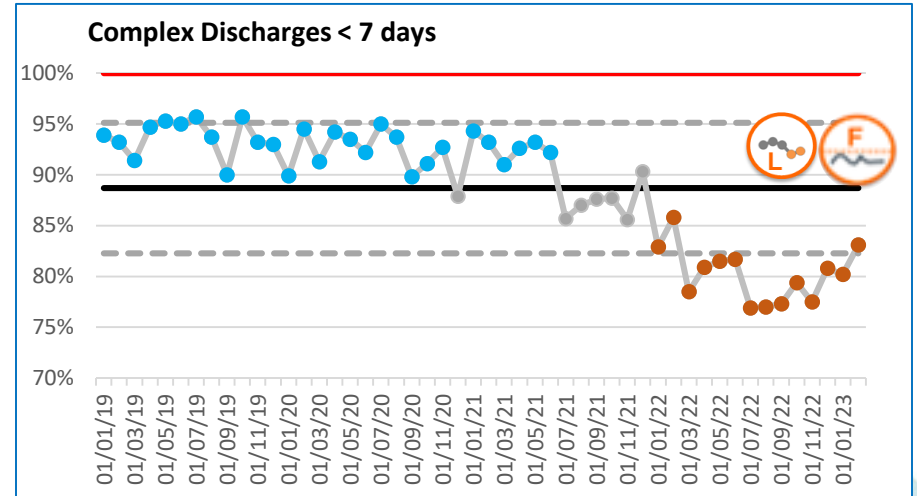
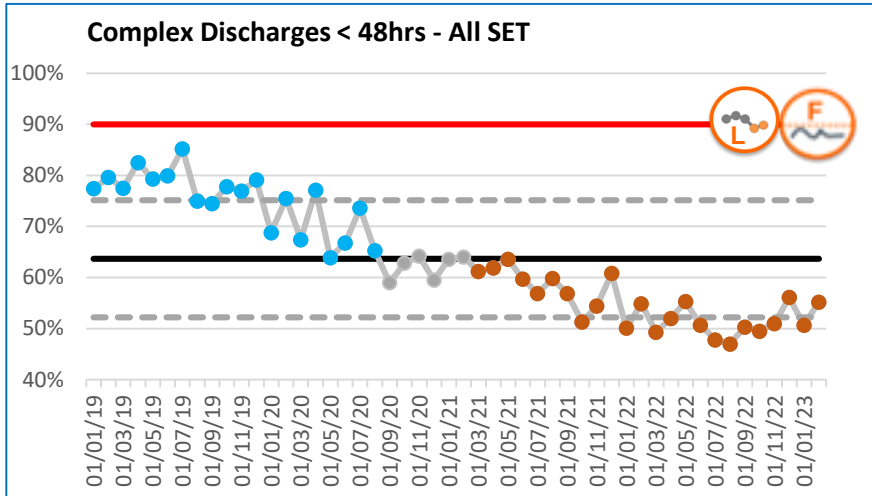
February 2023 recorded 112 new contacts against an expected trajectory of 152 equating to 76%.

February 2023 recorded 890 review contacts against an expected trajectory 1,013, equating to 88%.

There are ongoing issues with workforce across Community Dental Services. At present, the service is addressing issues to minimise ongoing impact through recruitment of dental nurse and dental officer posts. The move to LPPC impacted on clinics and staff availability in February. Staff are also involved in the Child dental health survey which impacts clinical time.



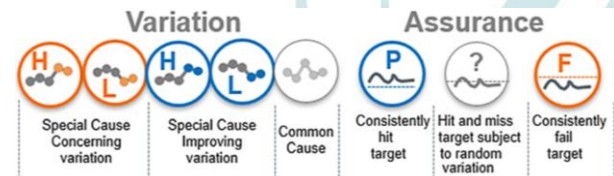
Complex Discharges



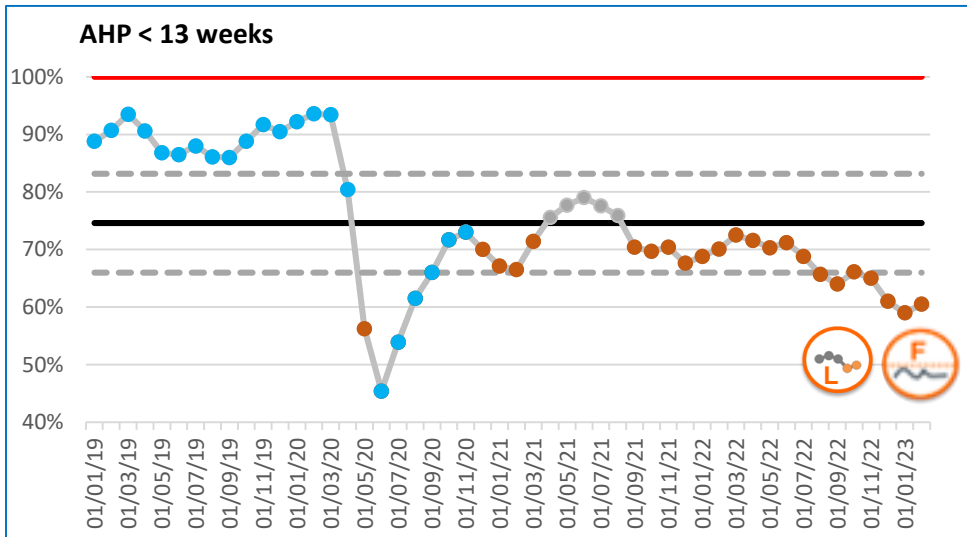
90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds.

The total number of complex discharges was 362 in February 2023. February 2023 recorded 55% of complex discharges <48 hours against the 90% target. Complex Discharges < 7 days for February 2023 saw 83% of patients discharged against the 100% target.

Throughout January and February the hospital social work team provided additional support, which included senior management oversight, over weekends in order to manage the increased pressures experienced in the overall hospital system. Additionally, from 23 January, an initiative is being piloted to improve the timeframes for decision making for admissions to care homes. This involved the appointment of a Care Home Liaison Nurse (CHL) who provides a SPOC for care homes and hospital wards for care home admissions. The CHL reviews assessments and follows up on queries received from care homes, liaises with hospital ward managers and focuses on progressing more timely care home admissions. This role has improved communication and has enabled the progression of discharges to care homes, however, the availability of care home beds, particularly, DE registered beds, continues to be challenging and this continues to create delays in hospital.



AHP < 13 weeks



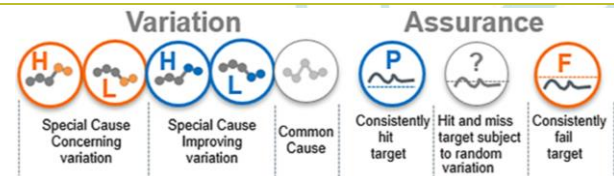
Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target

AHP < 13 weeks for February 2023 saw 60% of patients commencing treatment against the 100% target. Breakdown by specialty is given within the summary table in the PCOP section.

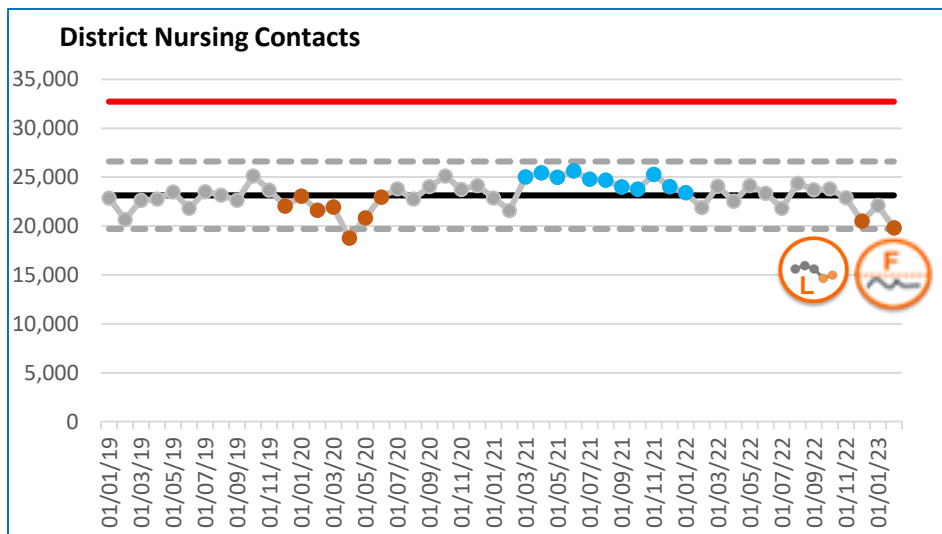
This metric performance varies widely across clinical areas and professions. Underperformance in one of the larger professions OT, Podiatry and Physiotherapy has a large impact on the overall presentation. SLT; Orthoptics; Dietetics are performing well despite individual staffing challenges.

There are a number of factors affecting the performance of some AHP services against this metric

- Increased number of referrals requiring urgent intervention which limits the capacity to see referrals triaged as routine.
- Professions report increased complexity of referrals requiring a longer treatment tail which decreases capacity
- Significant vacancies in comparison to 2019 and in some professions (Physiotherapy in particular) the filling of vacancies is prioritised against areas associated with unscheduled care to relieve pressures and assist with patient flow.

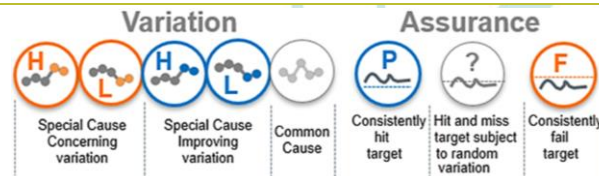


District Nursing Contacts

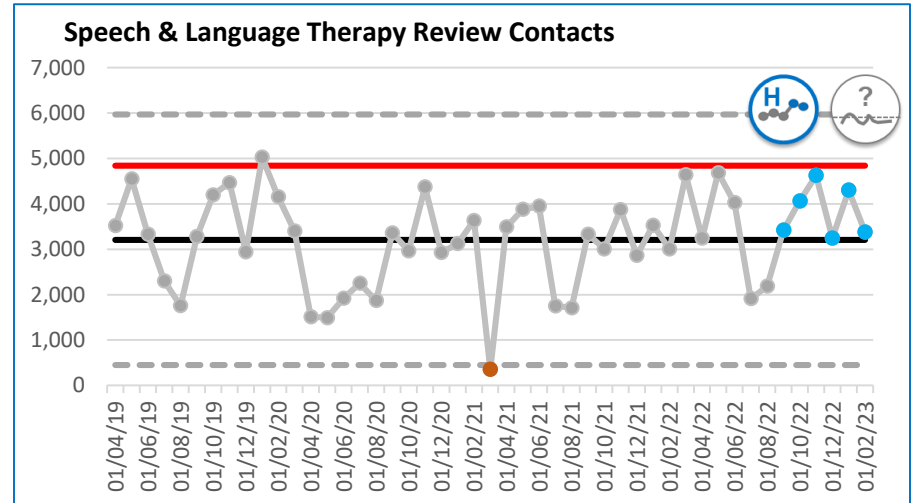
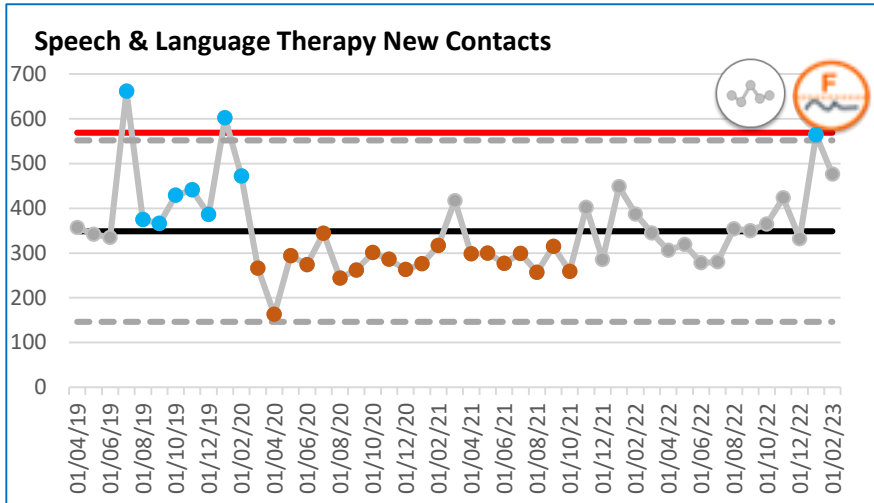


District Nursing contacts are monitored as part of the Service Delivery Plan. February 2023 saw 19,815 district nursing contacts against a trajectory of 32,708 equating to 61%.

PTEB agreed to revise baseline measurement for DN activity and when this was recalculated with Pre Covid -19 data the activity was more positive than originally presented. The service remains 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. An action plan has been developed with representatives from all Trusts and PHA to review and support the service.



Speech and Language Therapy



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

February 2023 new contacts recorded 476 contacts against an expected trajectory of 471 equating to 101%

February 2023 review contacts recorded 3,379 contacts against an expected trajectory 3,961. This equates to 85% of the expected activity.

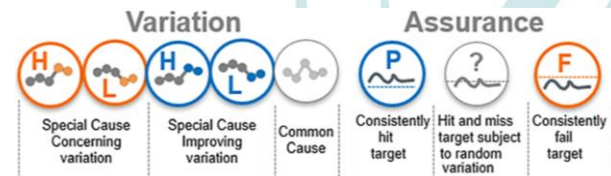
In February there was targeted focus on patients who were waiting the longest time to be seen for a first appointment. – This increased the number of new patients seen with a subsequent decrease on the availability of review appointments

Vacancy rates for SLT services both administrative and clinical are significantly higher than in 2019 and recruitment is challenging. This is compounded by sick leave and high maternity leave rates.

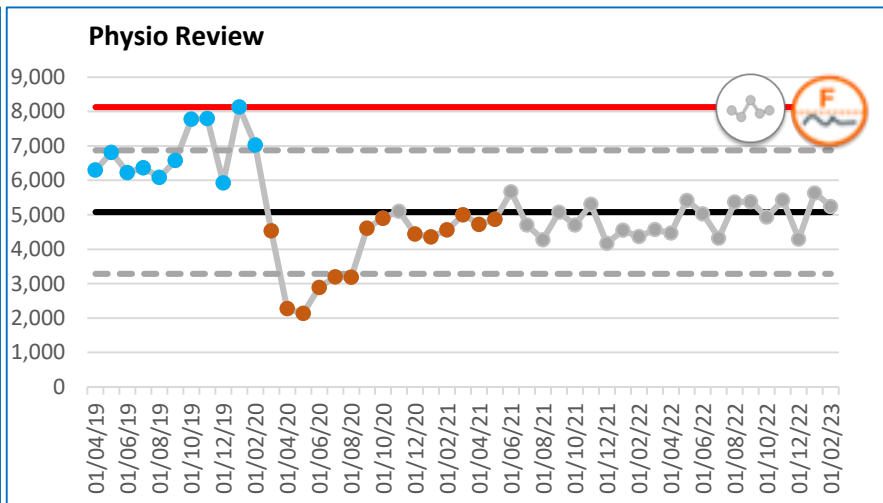
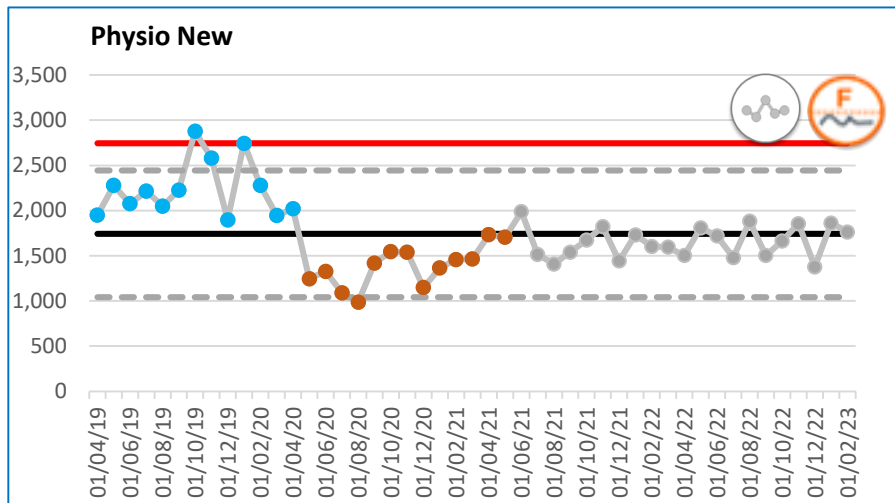
There has been a significant increase in the complexity of adults and children presenting for treatment which require a longer review tail for treatment.

Increased numbers of children in special schools and the dispersal of children with complex needs to 3 satellite sites across the Trust increase pressures.

Strike action in February by some staff will have also reduced activity.



Physiotherapy

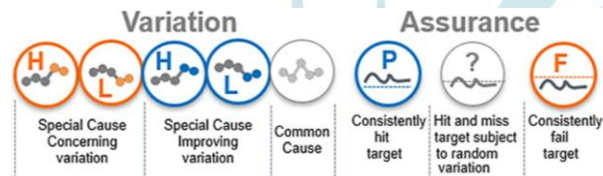


Physiotherapy - Patient contacts, New and Review are monitored as part of the Service Delivery Plan.

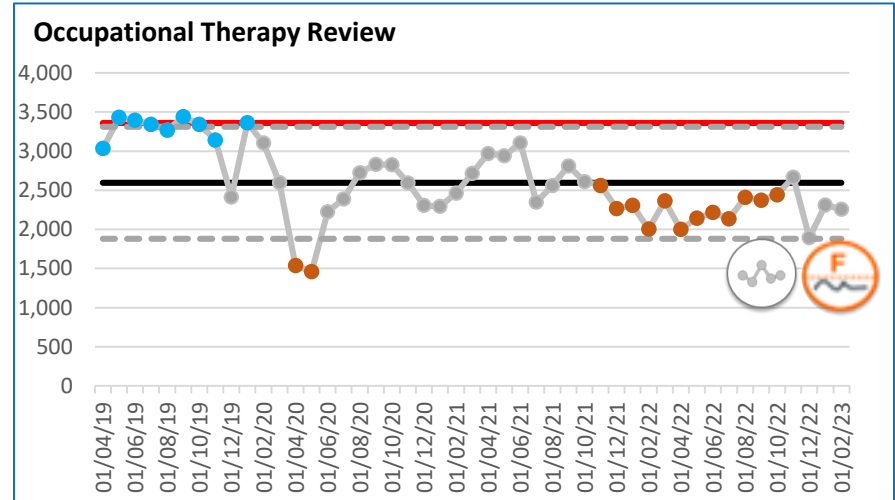
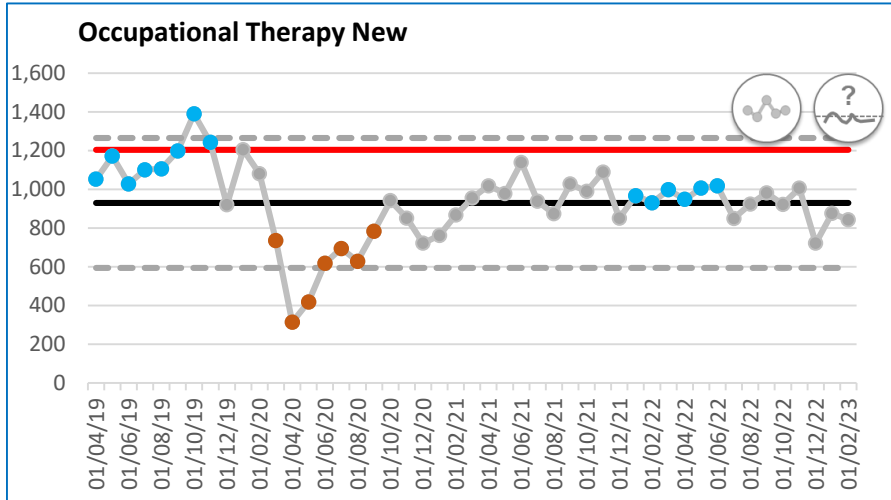
February 2023 new contacts recorded 1,763 contacts against an expected trajectory of 2,278 equating to 77%

February 2023 review contacts recorded 5,246 contacts against an expected trajectory 7,027. This equates to 75% of the expected activity.

The significant number of vacant posts in physiotherapy services continues to be the major factor limiting activity – Due to pressures in Unscheduled care and areas associated with patient flow (Intermediate care teams) filling of vacancies are prioritised to these areas which further compounds the pressures on elective care. There is significant use of agency staff to fill gaps as able but suitable staff are not readily available in some specialist areas (e.g. Pelvic Health). Agency staff turnover is higher than permanent staff which further impacts on productivity. The Physiotherapy Lead is working with staff to review schedules and validate waiting lists to optimise productivity and reduce long waiters.



Occupational Therapy



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

February 2023 new contacts recorded 842 contacts against an expected trajectory of 1,080 equating to 78%.

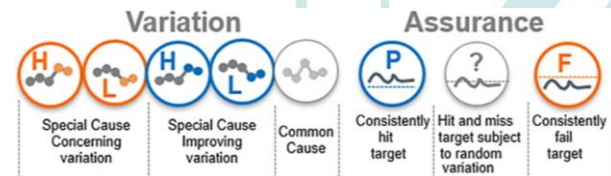
February review contacts recorded 2,258 contacts against an expected trajectory 3,104. This equates to 73% of the expected activity.

Vacancies / staff on Maternity leave and long term sick leave is a major factor in decreased activity in this service in comparison with 2019. Recruitment is also an issue - the delay in filling posts from existing Trust waiting lists, and also the Regional band 5 recruitment waiting list has been exhausted and Band 5 vacancies are unable to be filled until the next round of regional interviews. These factors have left gaps in service provision.
e.g. Feb 2023 5.0WTE Vac in Community OT / compared with 0 vac in 2019

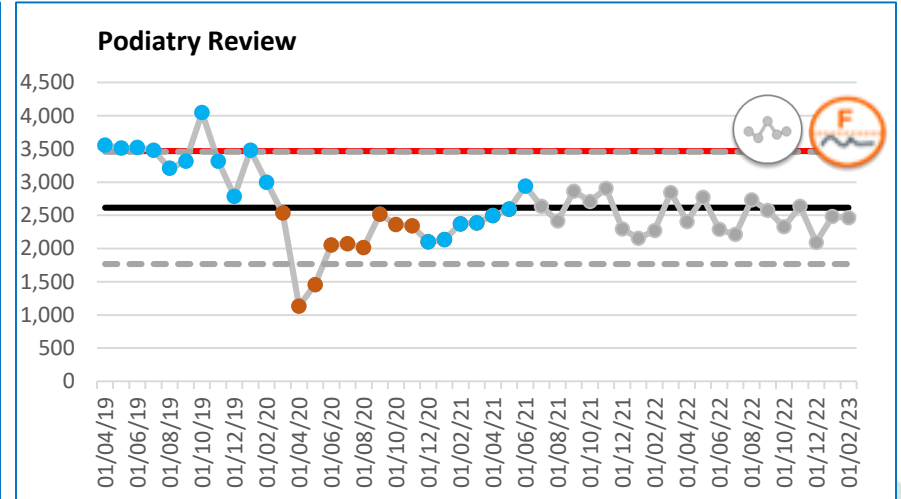
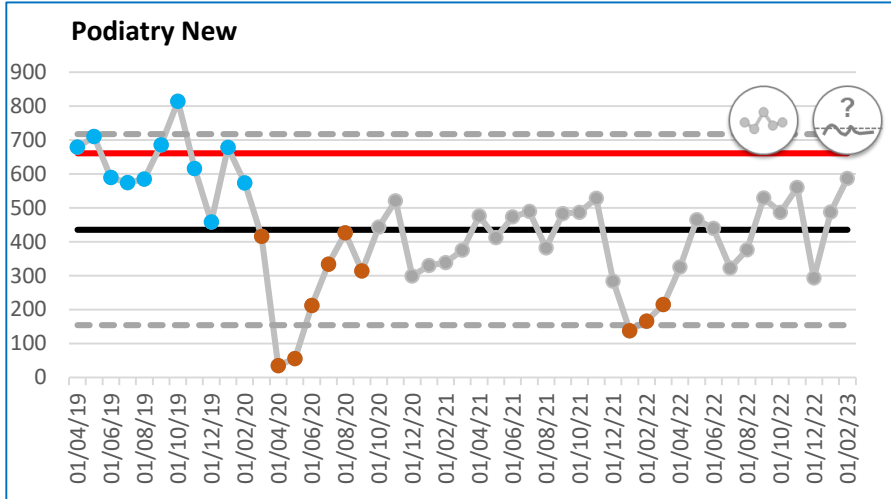
8 staff Mat leave
6LTSL

4 staff Mat leave
1 LTSL

There has also been an increase in referrals with a higher degree of complexity living in the community. These clients require more intensive intervention over a longer period of time which has affected capacity.



Podiatry



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

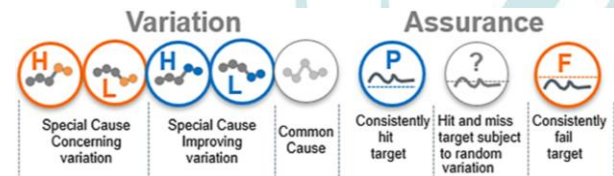
February 2023 new contacts recorded 587 contacts against an expected trajectory of 556 equating to 106%.

February review contacts recorded 2,462 contacts against an expected trajectory 2,983. This equates to 83% of the expected activity.

February saw the start of several initiatives to increase the number of appointments for patients triaged at low risk that Podiatry services can accommodate. Patients identified as low risk are now scheduled into a new patient appointment in a high frequency clinic available trust wide. Podiatry services have utilised staff returning from maternity leave and assistant grade staff to increase capacity.



South Eastern Health
and Social Care Trust



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
and Social Care Trust



Performance Summary

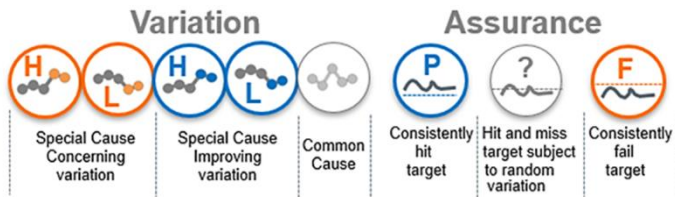
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.

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.

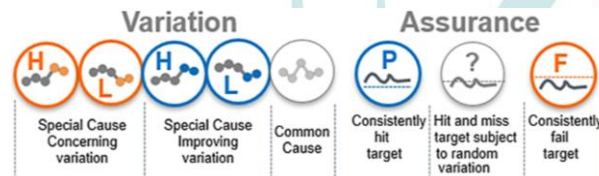
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

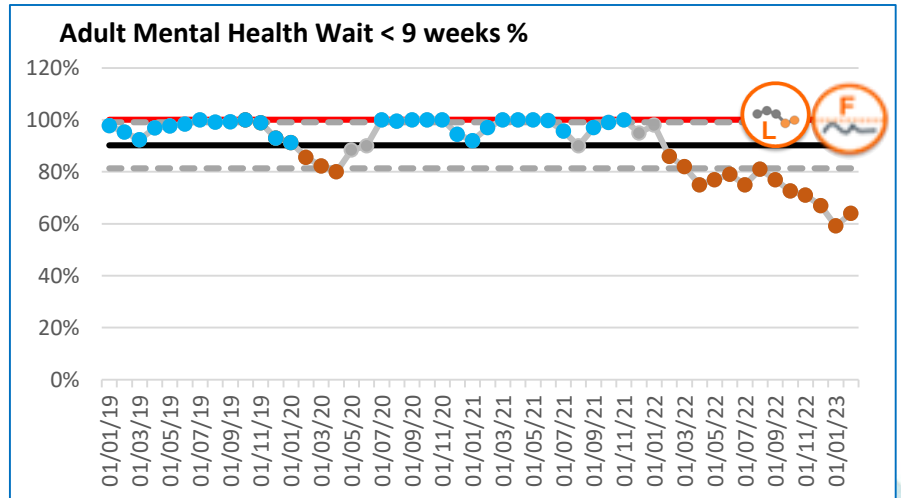
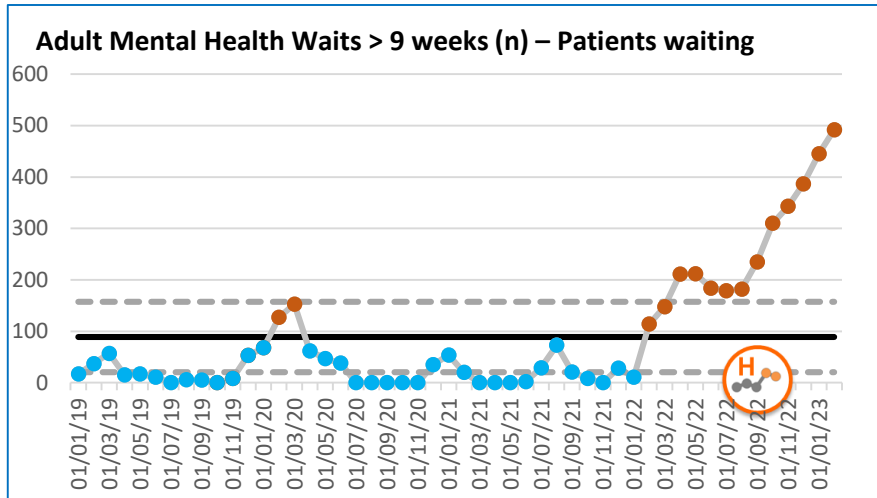
- Adult Mental Health Non-Inpatient Review Contacts
- Adult Day Care attendances – Adult and Older People
- Psychological Therapies – New Contacts



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Feb 23	492	-		
Adult Mental Health Wait < 9 weeks %	Feb 23	64%	100%		
Adult Mental Health Non-Inpatient New	Feb 23	628	810		
Adult Mental Health Non-Inpatient Review	Feb 23	5733	3975		
Adult Day Care Attendances (Adult Disability and Older People)	Feb 23	7069	9002		
Psychological Therapies - New Contacts	Feb 23	186	77		
Psychological Therapies - Review Contacts	Feb 23	2171	1526		
Dementia Contacts New	Feb 23	150	110		
Dementia Contacts Review	Feb 23	697	580		
Dementia Services - No patient wait longer than 9 wks	Feb 23	39.2%	100.0%		
Dementia Services - No patient wait longer than 9 wks - breaches	Feb 23	364	-		



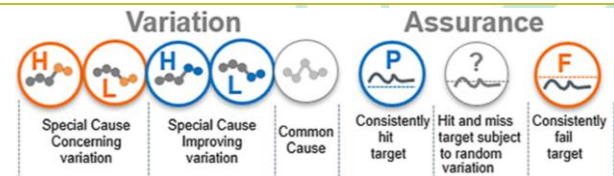
Adult Mental Health Waits



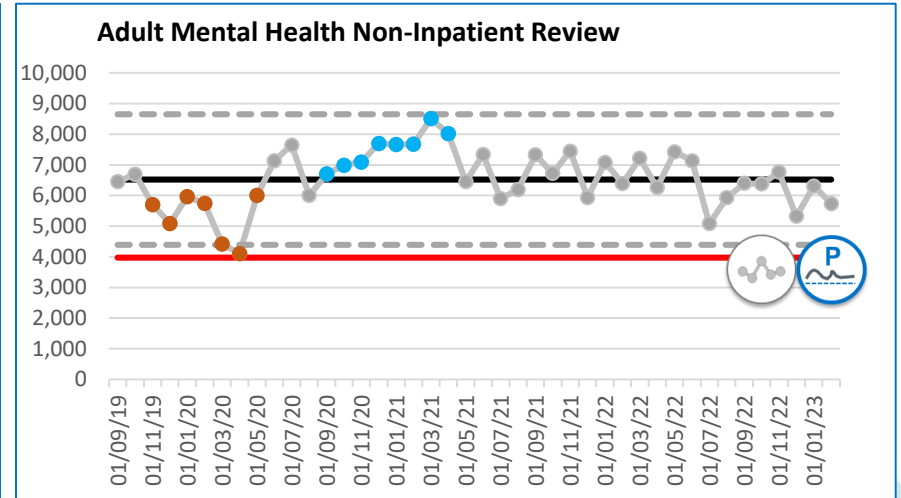
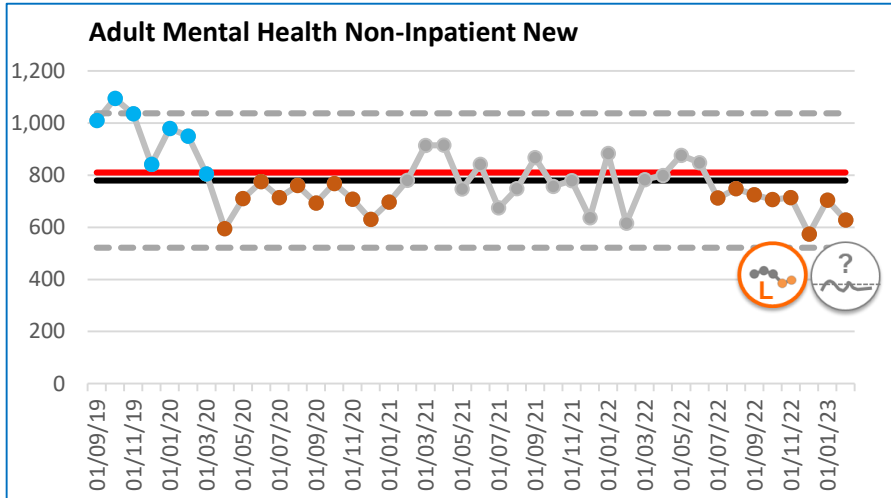
No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services. These metrics form part of the traditional CPD targets.

‘Adult Mental Health Waits >9 weeks (n)’ totalled 492 for February 2023. ‘Adult Mental Health Waits <9 weeks %’ recorded 64% of patients receiving assessment and commencement of treatment against the 100% target in February 2023.

Staff shortages remain a key challenge, particularly in the North Down and Ards area and work is ongoing to address these issues. There has been a successful round of recruitment in the area, and although it will take time for people to come in to posts, there is some hope of improvement with new staff in future months.



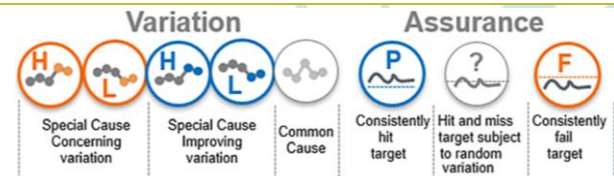
Adult MH Non-Inpatient



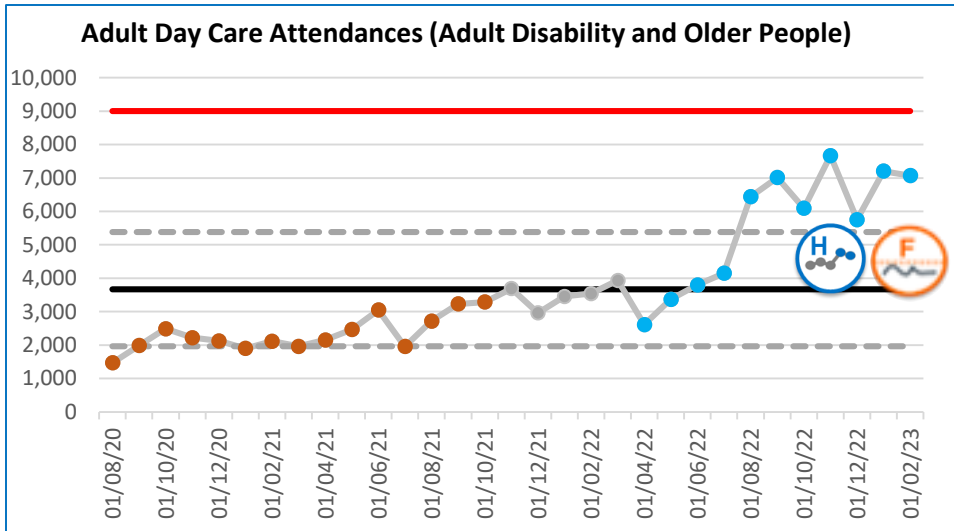
Adult Mental Health Non-inpatient new contacts is a metric monitored as part of the Service Delivery Plan.

In February 2023 there were 628 review contacts against an expected trajectory of 810 equating to 78%.

The majority of these issues are in North Down and Ards area where there is the greatest demand against limited resources. There has been a successful round of recruitment in the area, and although it will take time for people to come in to posts, there is some hope of improvement with new staff in future months.



Adult Day Care



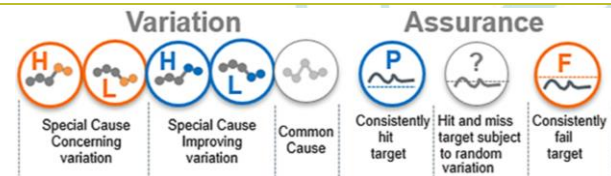
Adult Day Care Attendances for both Adult Disability and Older People is a metric monitored as part of the Service Delivery Plan.

In February 2023 there were 7,069 adult day care attendances against an expected trajectory of 9,002 equating to 79%. Of these 6,340 attendances were under disability and 729 attendances were under older people.

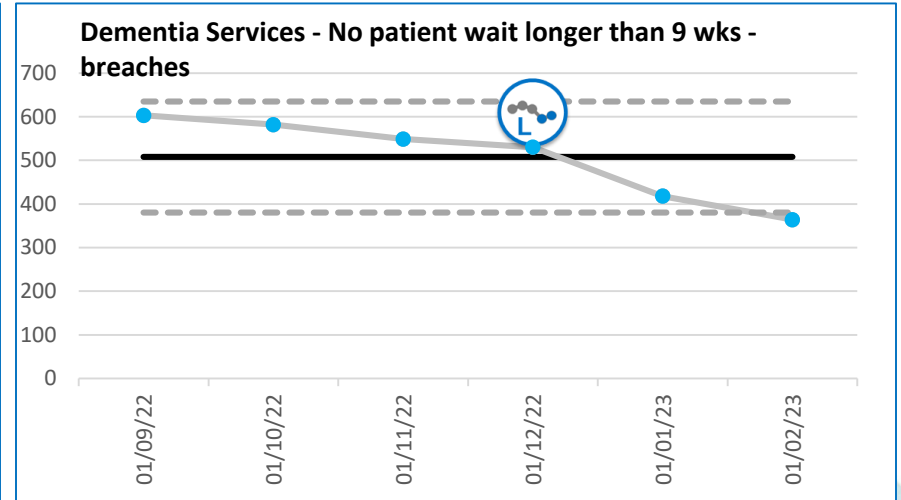
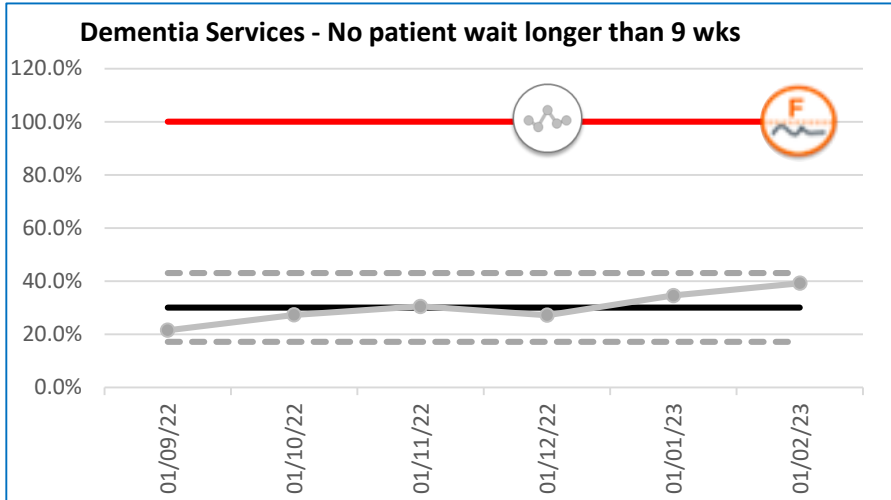
North Down and Ards sector returned to full capacity Summer 2022 .
 Down and Lisburn Sectors barriers for reaching full capacity have largely been BSO recruitment issues.
 A reduction in transport services due to staffing has also impacted.
 Strike action in February resulted in reduced capacity with care staff, transport and patient experience staff absences.

Action plans:

Down Sector: Mountview have 7 new staff commencing post over March and April 2023 which should be reflected in the numbers in coming months.
 Letters were sent to the families of service users who had not returned asking them to advise if they are going to make use of the placement. Some people have decided not to return.
 There are a high number of transitions this year so places will be offered to the young people who are assessed as needing a day centre placement.



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 February 2023 42.9% of patients waited less than 9 weeks from referral, with 364 patients breaching.

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

Following the implementation of the new recording method the service is pleased to note the improving position on both these metrics and will continue current initiatives to deliver further improvements on this trajectory.

Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust

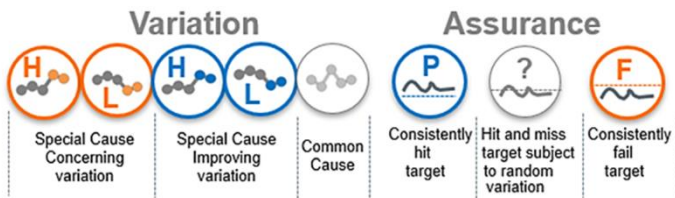


Performance Summary

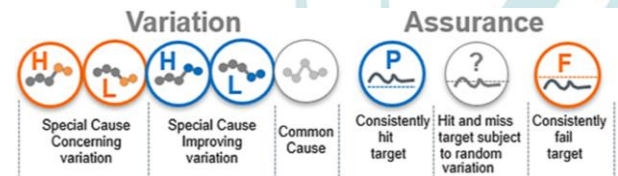
Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

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.

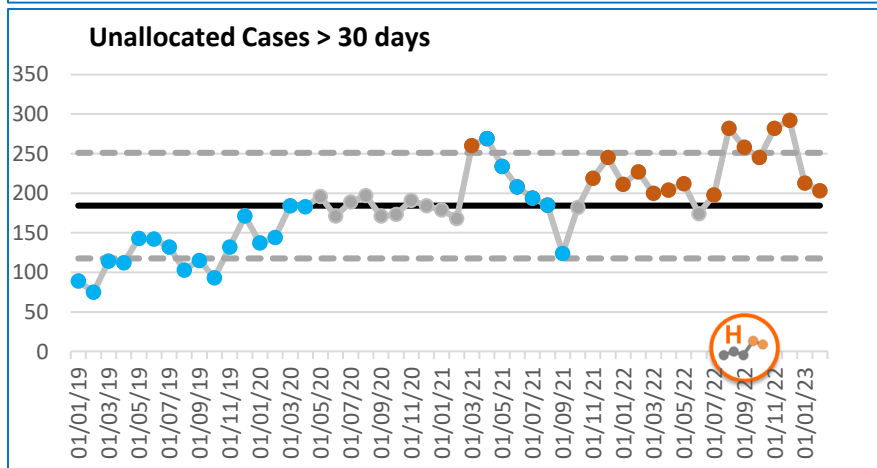
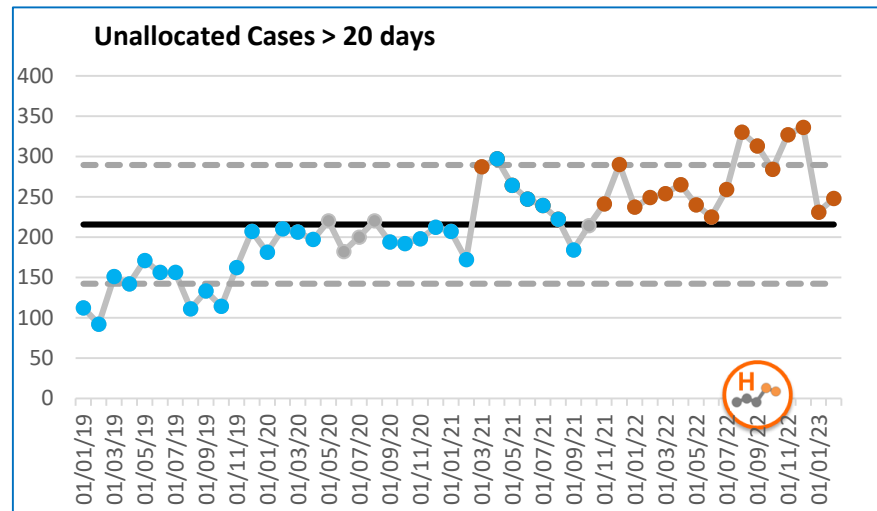
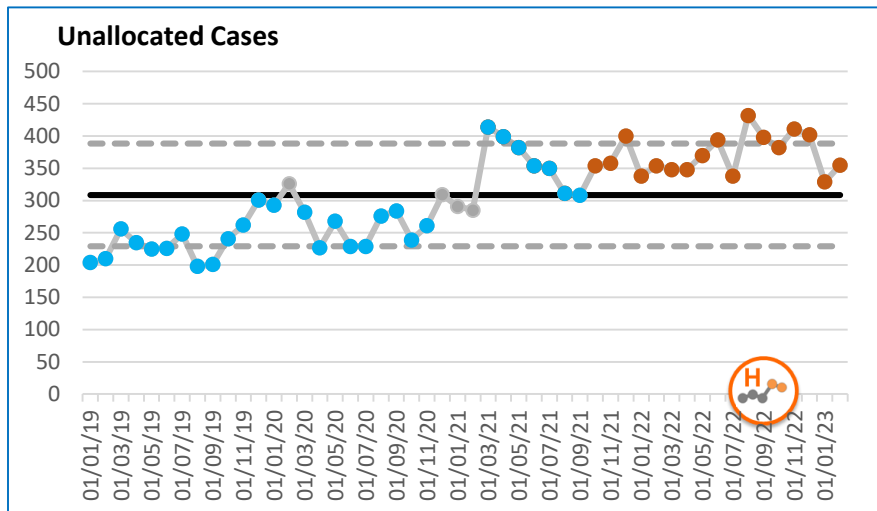
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Feb 23	104	106		
Unallocated Cases	Feb 23	355	-		
Unallocated Cases > 20 days	Feb 23	248	-		
Unallocated Cases > 30 days	Feb 23	203	-		
% of review CP case conferences held with 3 months	Feb 23	91%	85%		
Total reviews held within 3 months	Feb 23	11	-		
% of subsequent CP case conferences held within 6 months	Feb 23	88%	89%		
Total subsequent reviews held within 6 months	Feb 23	17	-		
% of Initial child protection cases conferences held within 15 days	Feb 23	100%	84%		

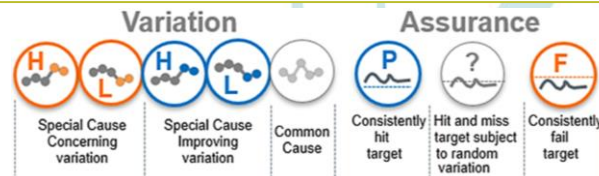


Unallocated Cases

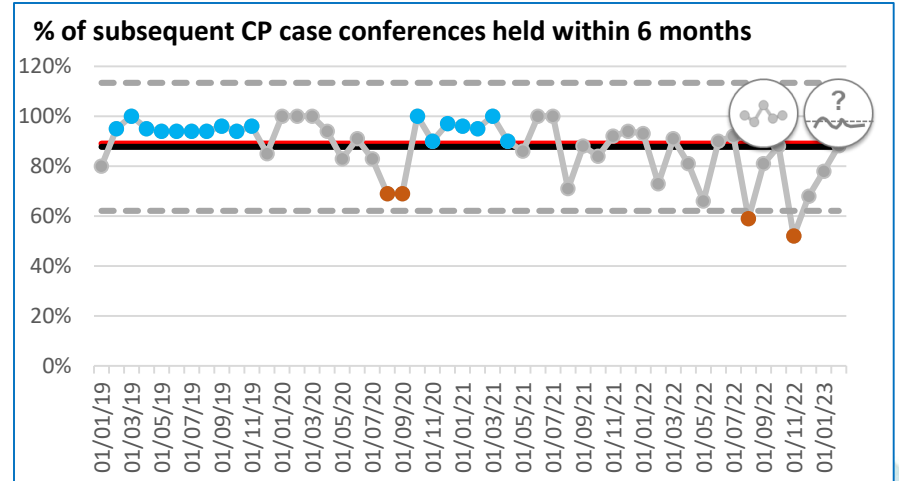
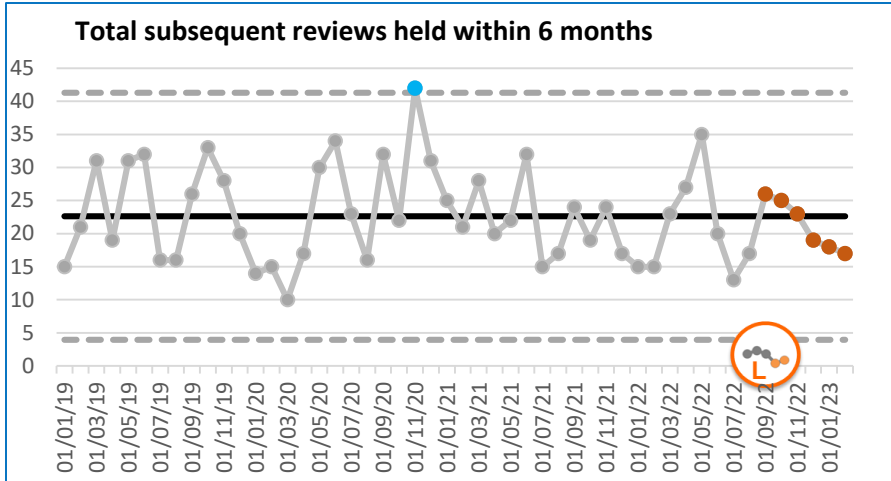


Unallocated cases are taken from the CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children’s Services.
In February 2023 the total number of allocated cases was 355. Unallocated Cases >20 days totalled 248 and > 30 days totalled 203.

Childrens services continue their improvement work in relation to unallocated cases; this work has focused on incremental improvements by developing our governance processes through the scaling of the Collaborative Unallocated Process (CUP) model, and transformational improvement being developed as part of the restructuring within Children’s Services:
 Sustained workforce issues within the Safeguarding & Gateway services have resulted in a continued requirement to prioritise caseloads to meet Statutory demands of the Services. Whilst the number of unallocated cases is now stabilising and beginning to reduce it is important to note that any improvement is dependent on workforce; presently children’s services have 25% vacant and uncovered social work vacancies.



Child Protection Reviews



Percentage of review child protection case conferences held within 6 months is taken from the Service Delivery Plan monitoring.

The expected trajectory is 89% for February 2023. In February 2023, 88% of review child protection case conferences were held within 6 months equating to 99% of the expected activity.

In Down and Ards sectors, where there have been both case conference chair long term absences and minute taker absences these sectors have action plans in place which are using peripatetic Principal Social Work (PSW) support from other areas of children's services although it has not been possible to identify additional minute taker support due to industrial action short of strike. Pressures on service delivery are improving due to long term PSW sickness absentees returning to work. due to further long-term sickness within the PSW workforce. Compliance with service delivery target is expected by 31.03.23. Action plans will continue to be monitored and reviewed to maximise capacity and performance.

