

Integrated Performance Monitoring Report

January 2024

Paper Number: SET/18/24



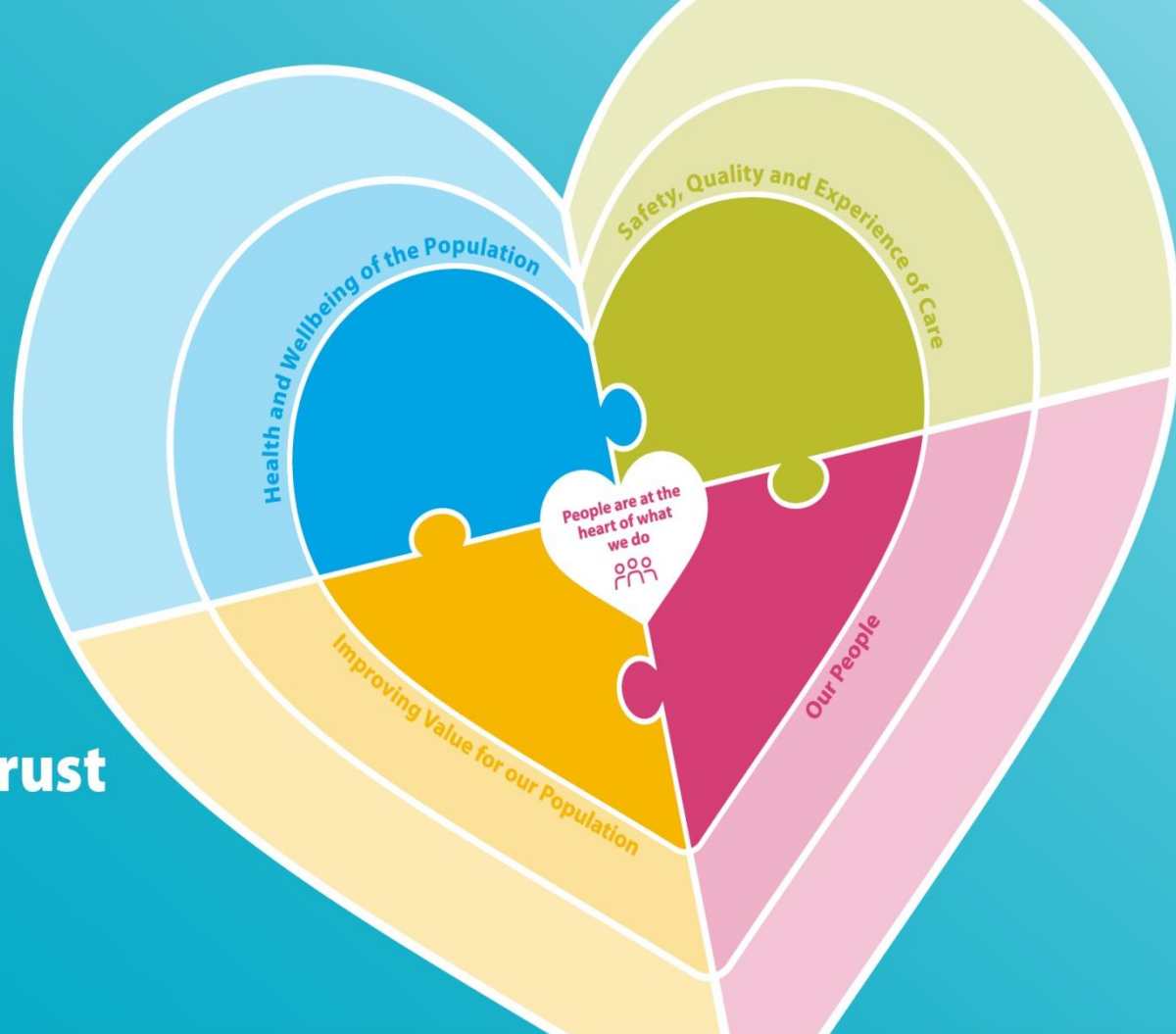
South Eastern Health
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*Quality
4 All*

South Eastern HSC Trust Quality Strategy 2021-2026



A great place to **Live**

A great place to **Work**

A great place for **Care & Support**

Overview

This Integrated Performance Management Report assesses the Trust position for September 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). 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

2023/24 metrics for monitoring were released by SPPG on 14th June 2023. A full quarter data (April '23 – June '23) was submitted on 7th July 2023 and will continue to be monitored monthly. Version 4 of the 23/24 Service Delivery Plan was received from SPPG on 8 Sept 2024, this included amendments to trajectories for monitoring.

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 reported monthly and tabled at the quarterly 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 are in development with the new Encompass system.

Therefore updates have been made here against submitted Service Delivery Plan (SDP) metrics only. Six metric groups, 26%, have been officially submitted from Encompass to date and an active plan is in place to complete development and validation of reporting for the remaining metrics. SET and Encompass teams are meeting daily to drive and review this process.



Statistical Process Control

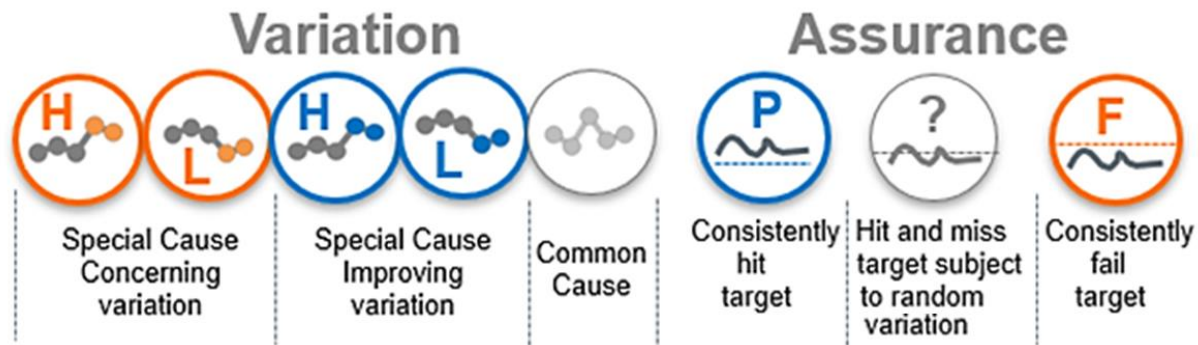
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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



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Performance Summary

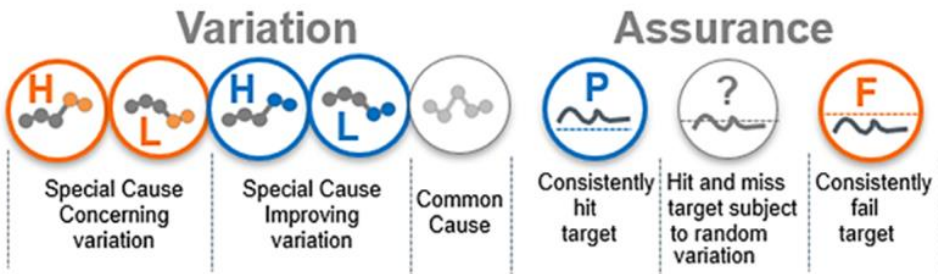
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

















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. On 6th September 2023 the Ulster Hospital Emergency Department was moved to the new site with the Minor Injury Unit moved from the Ards Hospital site to the Ulster Hospital. This is reflected in the change to metrics for attendances, 4hr % and 12hr %.

In January 2024 the following metrics monitored have had either an improving variation or consistently hit their target:

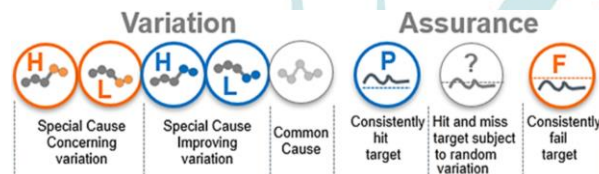
- CT



KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Oct 23	314	222		
Cancer 31 Day Activity	Oct 23	103	209		
Cancer 62 Day Activity	Oct 23	62.5	94.0		
Cancer 14 Day %	Oct 23	8%	100%		
Cancer 31 Day %	Oct 23	97%	98%		
Cancer 62 Day %	Oct 23	28%	95%		
Attendances - All SET	Oct 23	14037	-		
Attendances - Ulster ED	Oct 23	7847	-		
Attendances - Lagan Valley	Oct 23	2023	-		
Attendances - Downe	Oct 23	1324	-		
Attendances - Ards/Ulster MIU (Sept23)	Oct 23	2848	-		



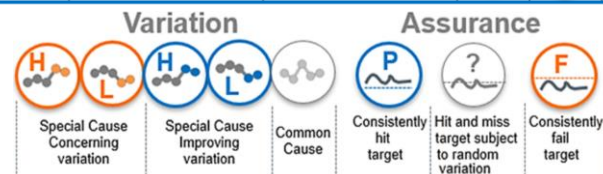
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KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	Oct 23	54%	95%		
4hr % - Ulster ED	Oct 23	24%	95%		
4hr % - Lagan Valley	Oct 23	78%	95%		
4hr % - Downe	Oct 23	98%	95%		
4hr % - Ards/Ulster MIU (Sept23)	Oct 23	96%	95%		
12hr Breaches - All SET	Oct 23	1885	-		
12hr Breaches - Ulster ED	Oct 23	1885	-		
12hr Breaches - Lagan Valley	Oct 23	0	-		
12hr Breaches - Downe	Oct 23	0	-		
12hr Breaches - Ards/Ulster MIU(Sept23)	Oct 23	7	-		
Adult Non-Elective Discharges	Mar 23	12%	-		
Non-Elective Average Length of Stay	Oct 23	8.3	7.5		
Attendances - Ulster ED and MIU	Oct 23	14037	-		
4hr % - Ulster ED and MIU	Oct 23	54%	95%		



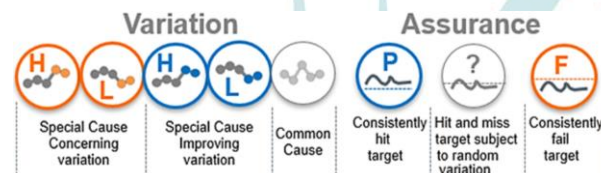
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KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Oct 23	7775	8978		
Outpatient Contacts New Face to Face	Oct 23	6576	-		
Outpatient Contacts New Virtual	Oct 23	1199	-		
Outpatient Contacts Review	Oct 23	15527	13377		
Outpatient Contacts Review Face to Face	Oct 23	11200	-		
Outpatient Contacts Review Virtual	Oct 23	4327	-		
Inpatient Activity	Oct 23	304	398		
Daycase Activity	Oct 23	1860	1946		
Endoscopy - 4 main scopes	Oct 23	772	831		
Cath Labs Procedures	Jan 24	51	55		
Inpatient & Daycase Waits < 13 weeks	Oct 23	23%	55%		
Inpatient & Daycase Waits < 52 weeks	Oct 23	52%	100%		



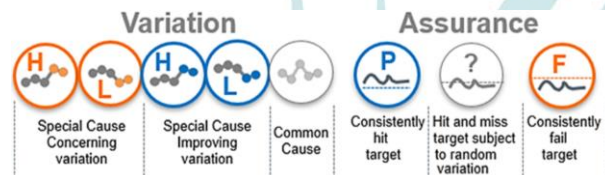
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KPI	Latest month	Measure	Target	Variation	Assurance
MRI	Jan 24	989	1294		
CT	Jan 24	4177	2589		
NOUS	Jan 24	2685	2994		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Oct 23	130	84		
Echo	Jan 24	1244	964		



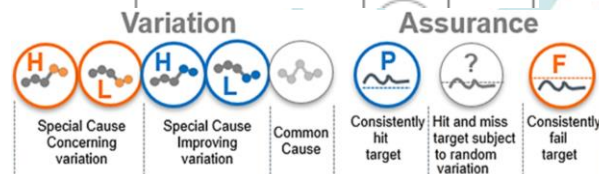
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KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
Number of Births	Jan 24	297	-		
% C-Sections	Jan 24	40%	38%		
# C-Sections	Jan 24	119	-		
% Elective C-Sections	Jan 24	18%	20%		
# Elective C-Sections	Jan 24	53	-		
% Emergency C-Sections	Jan 24	22%	18%		
# Emergency C-Sections	Jan 24	66	-		
% Instrumental Births	Jan 24	13%	11%		
# Instrumental Births	Jan 24	40	-		
Induction of Labour Rate	Jan 24	43%	-		
% Spontaneous Vaginal Births	Jan 24	46%	50%		
# Spontaneous Vaginal Births	Jan 24	136	-		



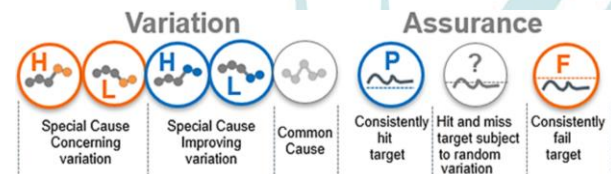
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KPI	Latest month	Measure	Target	Variation	Assurance
Still Birth Rate (per 1000)	Jan 24	7	-		
Breastfeeding Initiation Rate	Nov 23	65%	-		



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HEALTHCARE ACQUIRED INFECTIONS



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TITLE	Target	NARRATIVE	PERFORMANCE	TREND																												
HCAI	New Targets were set this year by PHA for all HCAI's except GNBs.	2023/24: CDI: 7 < 48 hours : 58 > 48 hours	<table><tr><th></th><th>Target 22/23</th><th>Outturn 22/23</th><th>Limit 23/24</th><th>Target no. of cases / month</th><th>Avg cases as of end of Jan</th><th>April - Jan Episodes</th></tr><tr><td>C.difficile</td><td>55</td><td>74</td><td>64</td><td>5.33</td><td>6.5</td><td>65</td></tr><tr><td>MRSA</td><td>5</td><td>8</td><td>6</td><td>0.5</td><td>0.7</td><td>7</td></tr><tr><td>All Gram Negative#</td><td>39</td><td>73</td><td>39</td><td>3.25</td><td>7.5</td><td>75</td></tr></table>		Target 22/23	Outturn 22/23	Limit 23/24	Target no. of cases / month	Avg cases as of end of Jan	April - Jan Episodes	C.difficile	55	74	64	5.33	6.5	65	MRSA	5	8	6	0.5	0.7	7	All Gram Negative#	39	73	39	3.25	7.5	75	
		Target 22/23	Outturn 22/23	Limit 23/24	Target no. of cases / month	Avg cases as of end of Jan	April - Jan Episodes																									
	C.difficile	55	74	64	5.33	6.5	65																									
	MRSA	5	8	6	0.5	0.7	7																									
	All Gram Negative#	39	73	39	3.25	7.5	75																									
The new targets set by PHA were that by March 2024 to secure a reduction in the total number of in-patient episodes of Clostridium difficile infection (CDI) in patients aged 2 years and over. This equates to no more than 64 episodes, and of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections of no more than 6 episodes.	MRSA :1 < 48 hours, :5 > 48 hours Community :1 <u>Gram Negative Bacteraemias</u> Reportable only if >48hrs Ecoli :52 Pseudo. Aeruginosa : 5 Klebsiella Oxytoca: 3 Klebsiella Pneumoniae: 15 All HCAI's are actively monitored and any preventative measures are taken once identified.																															
The Ecoli target is still that the Trust should 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. These targets are due for review by CMO England in 2024.																																

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PRIMARY CARE AND OLDER PEOPLE



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Performance Summary

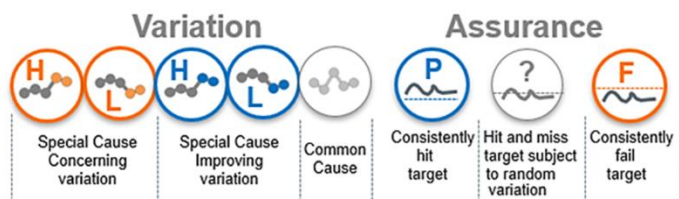
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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.

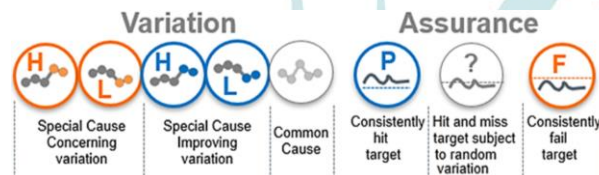
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

























In January 2024 the following metrics monitored have had either an improving variation or consistently hit their target:

- District Nursing Contacts
- Speech and Language Therapy New Contacts



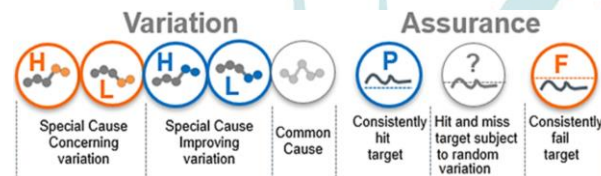
KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Jan 24	184	152		
CDS Contact Review	Jan 24	809	1013		
Complex Discharges (n)	Oct 23	395	-		
Complex Discharges < 48hrs - All SET	Oct 23	34%	90%		
Complex Discharges < 7 days	Oct 23	72%	100%		
Dom Care Hours Delivered Stat	Nov 23	64991	-		
Dom Care Hours Delivered Ind	Nov 23	314976	-		
AHP < 13 weeks	Oct 23	62%	100%		
District Nursing Contacts	Jan 24	25405	22877		
District Nursing Compliance with SSKIN Bundle for Pressure Ulcers	Oct 23	98%	100%		
District Nursing Compliance with all elements of MUST	Oct 23	100%	100%		
CDS General Anaesthetic Ulster	Jan 24	47	87		
























KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Jan 24	564	564		
Speech & Language Therapy Review Contacts	Jan 24	2976	4301		
Physio New	Jan 24	1938	2744		
Physio Review	Jan 24	4872	8131		
Occupational Therapy New	Jan 24	781	1204		
Occupational Therapy Review	Jan 24	1241	3362		
Dietetics New	Jan 24	704	779		
Dietetics Review	Jan 24	782	962		
Orthoptics New	Jan 24	185	141		
Orthoptics Review	Jan 24	367	530		
Podiatry New	Jan 24	486	661		
Podiatry Review	Jan 24	2141	3467		



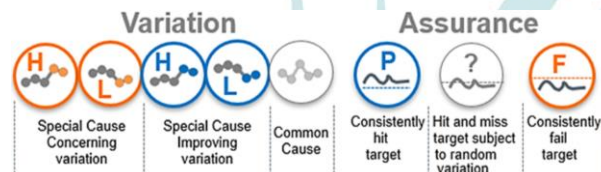
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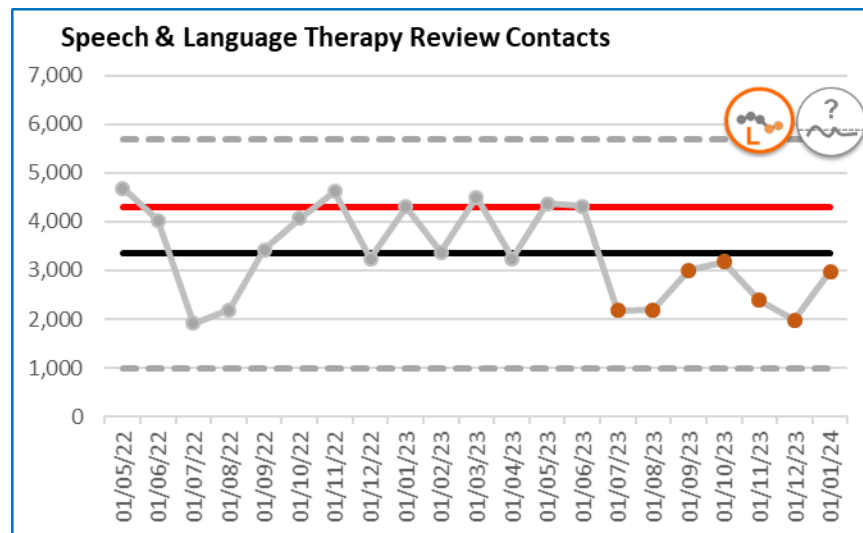
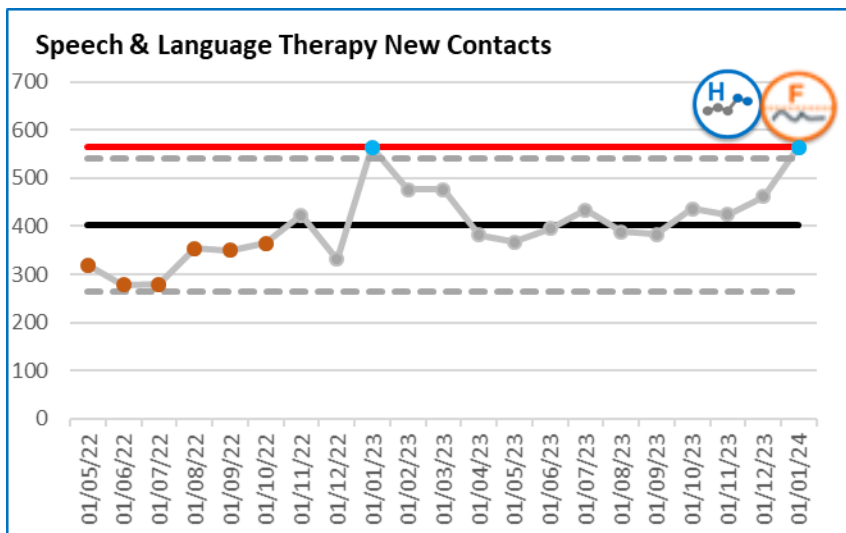
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Oct 23	2573	-		
Occupational Therapy >13 Week Waits	Oct 23	1348	0		
Orthoptics Number on WL	Oct 23	362	-		
Orthoptics >13 Week Waits	Oct 23	72	0		
Podiatry Number on WL	Oct 23	2103	-		
Podiatry >13 Week Waits	Oct 23	541	0		
Physiotherapy Number on WL	Oct 23	8137	-		
Physiotherapy >13 Week Waits	Oct 23	3451	0		
Dietetics Number on WL	Oct 23	1558	-		
Dietetics >13 Week Waits	Oct 23	367	0		
Speech and Language Therapy Adult Number on WL	Oct 23	756	-		
Speech and Language Therapy Adult >13 Week Waits	Oct 23	205	0		
Speech and Language Therapy Child Number on WL	Oct 23	310	-		
Speech and Language Therapy Child >13 Week Waits	Oct 23	51	0		



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Speech and Language Contacts



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

January 2024 recorded 564 new contacts against an expected trajectory of 564. This equates to 100% of expected activity. January 2024 recorded 2,976 review contacts against an expected trajectory of 4,301. This equates to 69% of expected activity.

Implementation of Encompass has changed data reporting, e.g. Annual Reviews and supporting reports and updates are now recorded as indirect whereas these would have been coded as direct. Much of this work takes place in January.

Strike action in January 2024 had an impact reducing contacts especially in relation to schools.

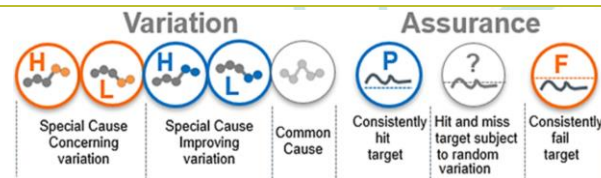
Further to the one day strike which affected all schools, there were six days of ongoing action by classroom assistants and catering staff in special schools, resulting in school closure which has had an impact on SLT review activity in schools.

A waiting list initiative commenced in January 2023 within adult service accounting for some of the difference in new contacts.

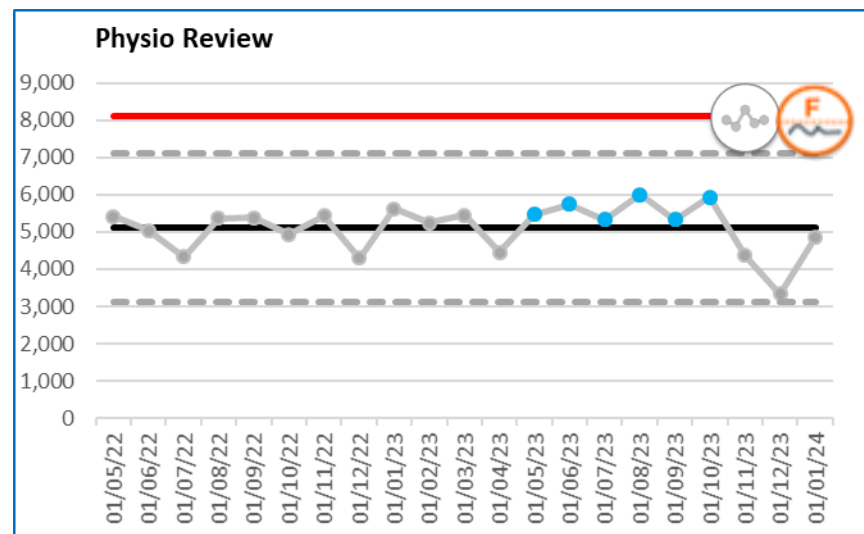
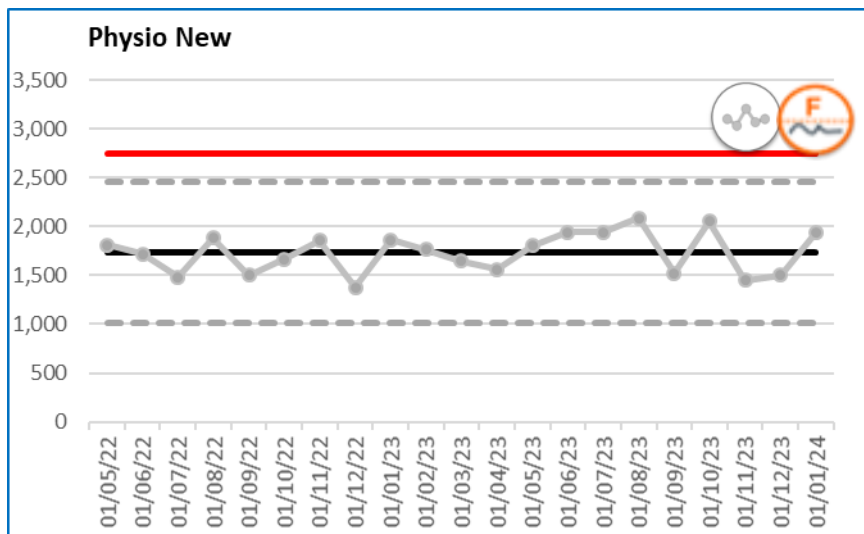
- Sickness absence has been exceptionally high in January 2024 especially in Children's SLT teams (seven staff on long term sick leave).
- Community staff redeployed to assist unscheduled care services in January 2024 impacted scheduled activity in the adult community team.



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Physiotherapy Contacts



Physiotherapy Contacts are monitored as part of the Service Delivery Plan.

January 2024 recorded 1,938 new contacts against an expected trajectory of 2,744. This equates to 71% of expected activity. January 2024 recorded 4,782 review contacts against an expected trajectory of 8,131. This equates to 60% of expected activity.

Vacancy rates and sick leave continues to be an issue (Sick leave >7% in physiotherapy for first time since Dec 22)

Some Encompass issues continue to impact performance:

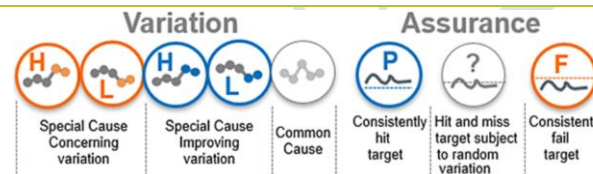
- Leads believe staff use of Encompass still embedding and appointments take longer with increased admin time needed but will rapidly improve going forward.
- Appointments for more than one provider only being counted against first person. This will impact activity counts especially in Paediatrics with Schools and CDC (activity is captured against the medic not against AHP services) This also occurs anywhere when more than one AHP involved in doubles (adult community) – Work ongoing to resolve this issue.
- Time out by clinicians for ongoing training/speciality meetings and information officers having to commit time above and beyond agreed WTE.
- There has been an increase in OP scheduled service DNA rate which staff feel is in part due to switch off of Text reminders since introduction of Encompass

One day strike action January and significant Study leave for commissioned ECG courses in January .

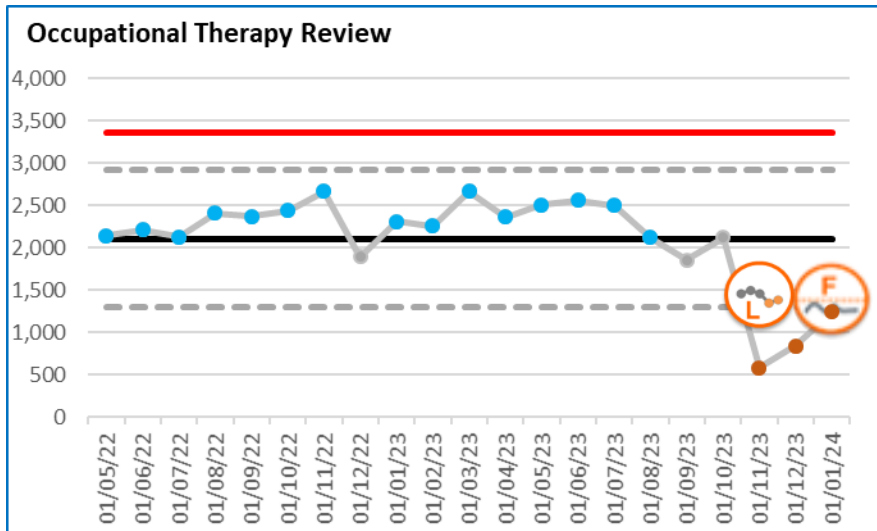
Impact of School closures on SEN Physiotherapy work and staff attendance



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Occupational Therapy Review Contacts



Occupational Therapy Contacts are monitored as part of the Service Delivery Plan.

January 2024 recorded 1,241 review contacts against an expected trajectory of 3,362. This equates to 37% of expected activity.

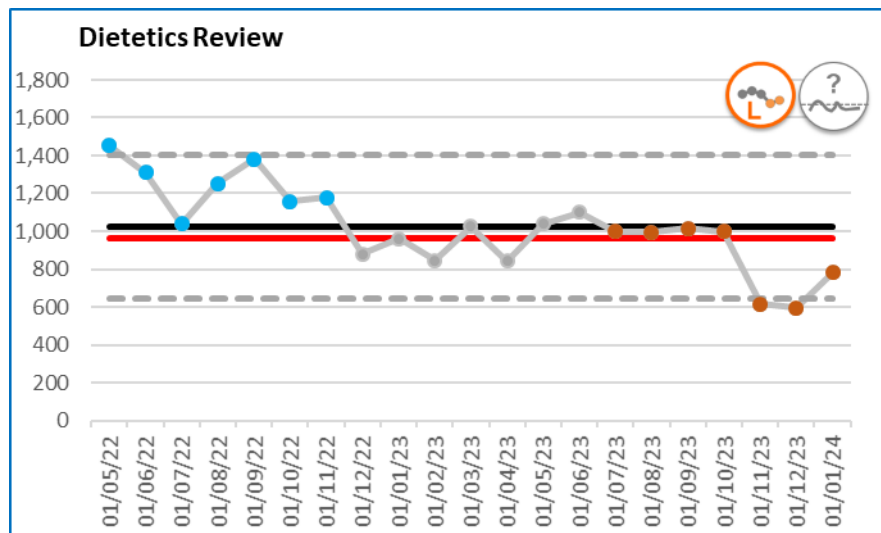
Encompass Build issues impacting on performance and activity data. As a result, scanning and upload function is being used significantly more than expected which is more time consuming.

Change in Data capture impacting on activity:

- On-going issues with activity being counted for multi-disciplinary interventions such as CDC. Currently only 1 discipline is getting counted as a contact rather than all of them.
- Activity that was previously counted as direct patient review is now considered in-direct which will have a significant impact on review performance.
- These issues were compounded by a number of factors associated with the Encompass system which led to a decrease in activity in January, however the figures are recovering as issues are resolved and staff become more proficient in their use of the system.

Strike action in January 2024 had impact on reduced contacts, especially in relation to schools. Further to one day strike which affected all schools there were six days of ongoing action by classroom assistants and catering staff in special schools, resulting in school closure which impacted on OT review activity in Schools

Dietetics Review Contacts



Dietetics Contacts are monitored as part of the Service Delivery Plan.

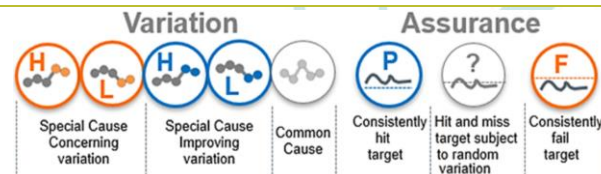
January 2024 recorded 782 review contacts against an expected trajectory of 962. This equates to 81% of expected activity.

Reduction in activity linked with transfer of Elective OP staff into Ulster Hospital Unscheduled care to support inpatient flow.

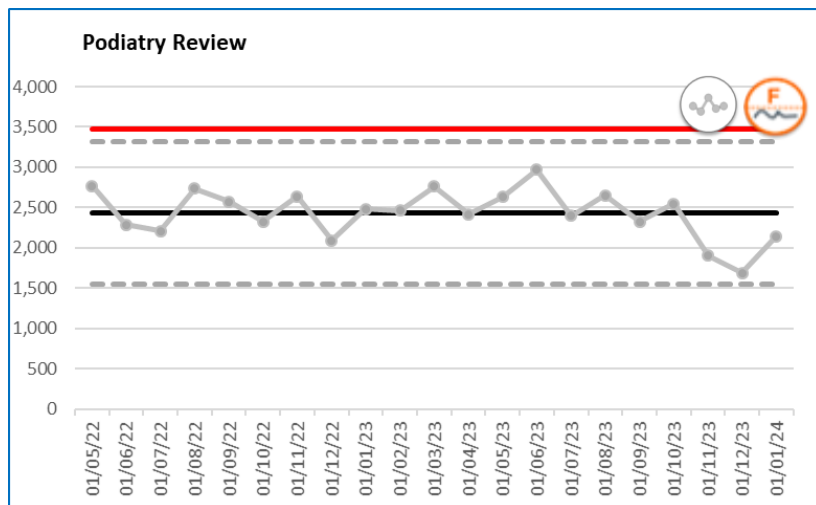
Ongoing impact of moving to Joint Visit Recording across our Hubs and Consultant/Nurse led clinics and groups on encompass system. This has led to a decrease in activity capture on the system.



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Podiatry Review Contacts



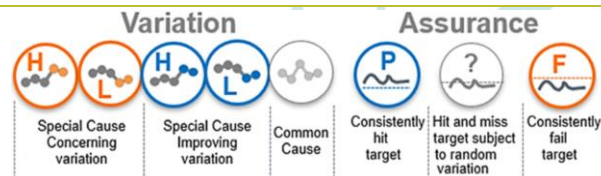
Podiatry Contacts are monitored as part of the Service Delivery Plan.

January 2024 recorded 2,141 review contacts against an expected trajectory of 3,476. This equates to 62% of expected activity.

Significant Sick Leave (~19% of professional Staff on long term sick leave), annual leave and vacancies across Podiatry services, which has impacted on the ability of staff to see all but acute wounds – this has significantly impacted both New patient and Review capacity.



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Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



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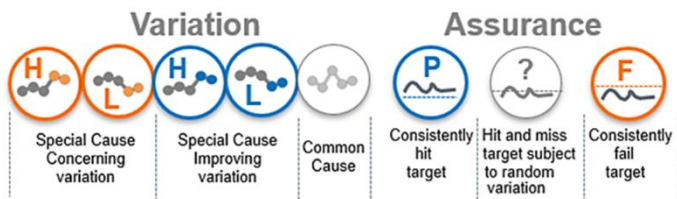





















Performance Summary

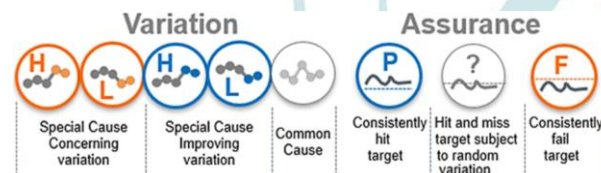
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.

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

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



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Sep 23	816	-		
Adult Mental Health Wait < 9 weeks %	Sep 23	53%	100%		
Adult Mental Health Non-Inpatient New	Oct 23	797	966		
Adult Mental Health Non-Inpatient Review	Oct 23	6867	5781		
Adult Day Care Attendances (Adult Disability and Older People)	Aug 23	6637	-		
Psychological Therapies - New Contacts	Oct 23	248	233		
Psychological Therapies - Review Contacts	Oct 23	1996	2115		
Dementia Contacts New	Oct 23	109	199		
Dementia Contacts Review	Oct 23	747	798		
Dementia Services - No patient wait longer than 9 wks	Oct 23	34.0%	100.0%		
Dementia Services - No patient wait longer than 9 wks - breaches	Oct 23	425	-		



Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
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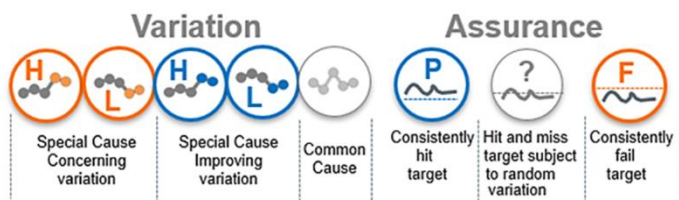
Performance Summary















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.

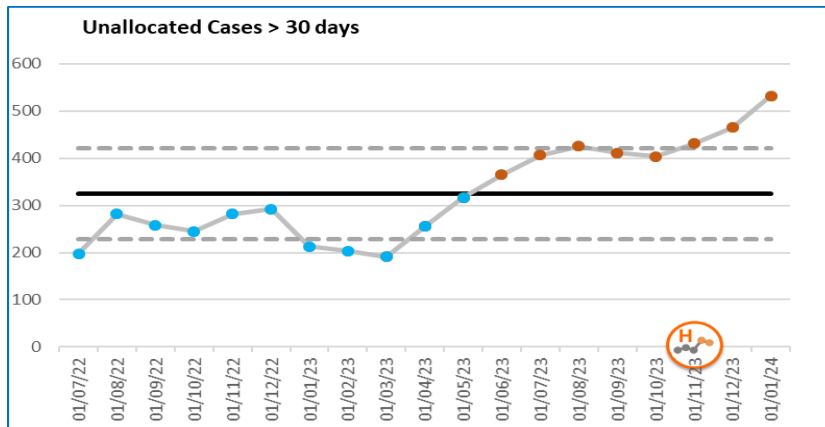
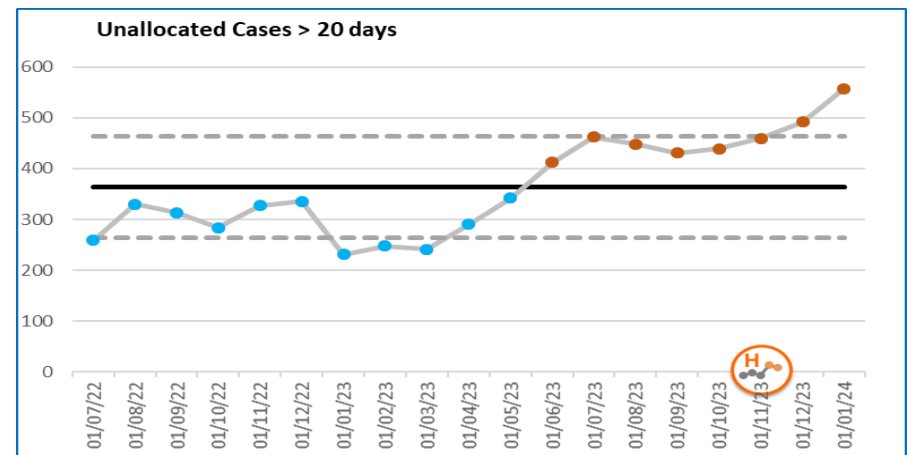
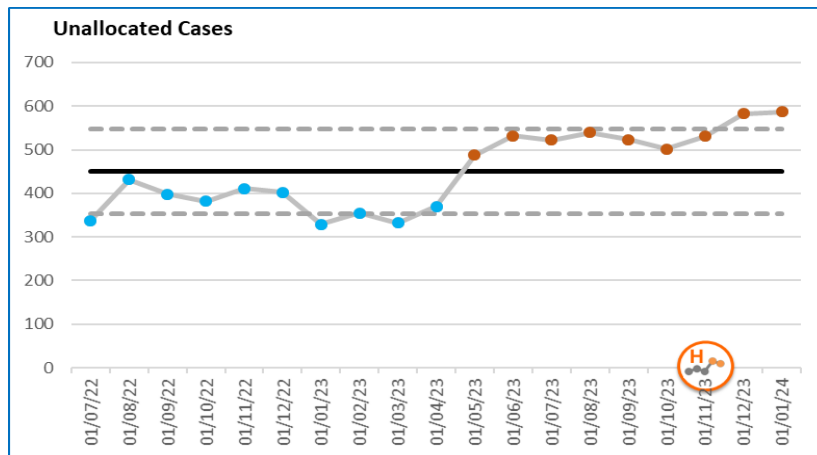
In January 2024 no metrics monitored have had either an improving variation or consistently hit their target



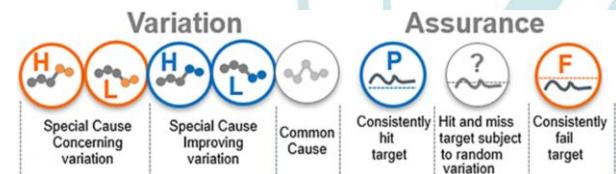
KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Jan 24	99	-		
Unallocated Cases	Jan 24	587	-		
Unallocated Cases > 20 days	Jan 24	558	-		
Unallocated Cases > 30 days	Jan 24	532	-		
% of review CP case conferences held with 3 months	Jan 24	100%	85%		
Total reviews held within 3 months	Jan 24	9	-		
% of subsequent CP case conferences held within 6 months	Jan 24	86%	89%		
Total subsequent reviews held within 6 months	Jan 24	22	-		
% of Initial child protection cases conferences held within 15 days	Jan 24	94%	84%		
Unallocated Cases>20 days Family Support only	Jan 24	151	86		

Unallocated Cases (CPD Metrics)

(1/2)



South Eastern Health
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Unallocated Cases (CPD Metrics)

(2/2)

Unallocated cases (total, over 20 days and over 30 days) are from CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children’s Services. A new Service Delivery Plan metric for Family Support only is shown in the summary table.

In January 2024 there were 151 unallocated cases, over 20 days, for the Family Support metric. These cases exclude unallocated cases for Gateway and Children’s Disability Services. These cases are included in The Collaborative Unallocated Process (CUP) model and are impacted by the 29% social work vacancy rate in Safeguarding services.

In January 2024 there were 587 unallocated cases with 558 of these waiting over 20 days and 532 waiting over 30 days. This metric includes all unallocated cases.

Children’s services have been actively working on improving case management related to the Waiting List or for those returned to the WL for cases assessed as LOW risk. The Collaborative Unallocated Process (CUP) model has been successfully implemented across Safeguarding Child & Family Teams and Children’s Disability fieldwork teams.

Despite efforts to recruit and retain social work staff, there remains significant vacancy rate across these services. Currently Safeguarding rate is 29% and Children’s Disability fieldwork teams is 38%. The waiting list therefore reflects demand exceeding service capacity, rather than a failure in control measures.

The Directorate will maintain and sustain CUP across the Trust and make incremental improvements when workforce challenges improve. A Children’s Services Waiting List Oversight Group is in place, co-chaired by Jason Caldwell and Maurice Largey, Assistant Directors for Safeguarding and Children’s Disability.