Integrated Performance Monitoring Report

February 2024

Paper Number: SET/29/24

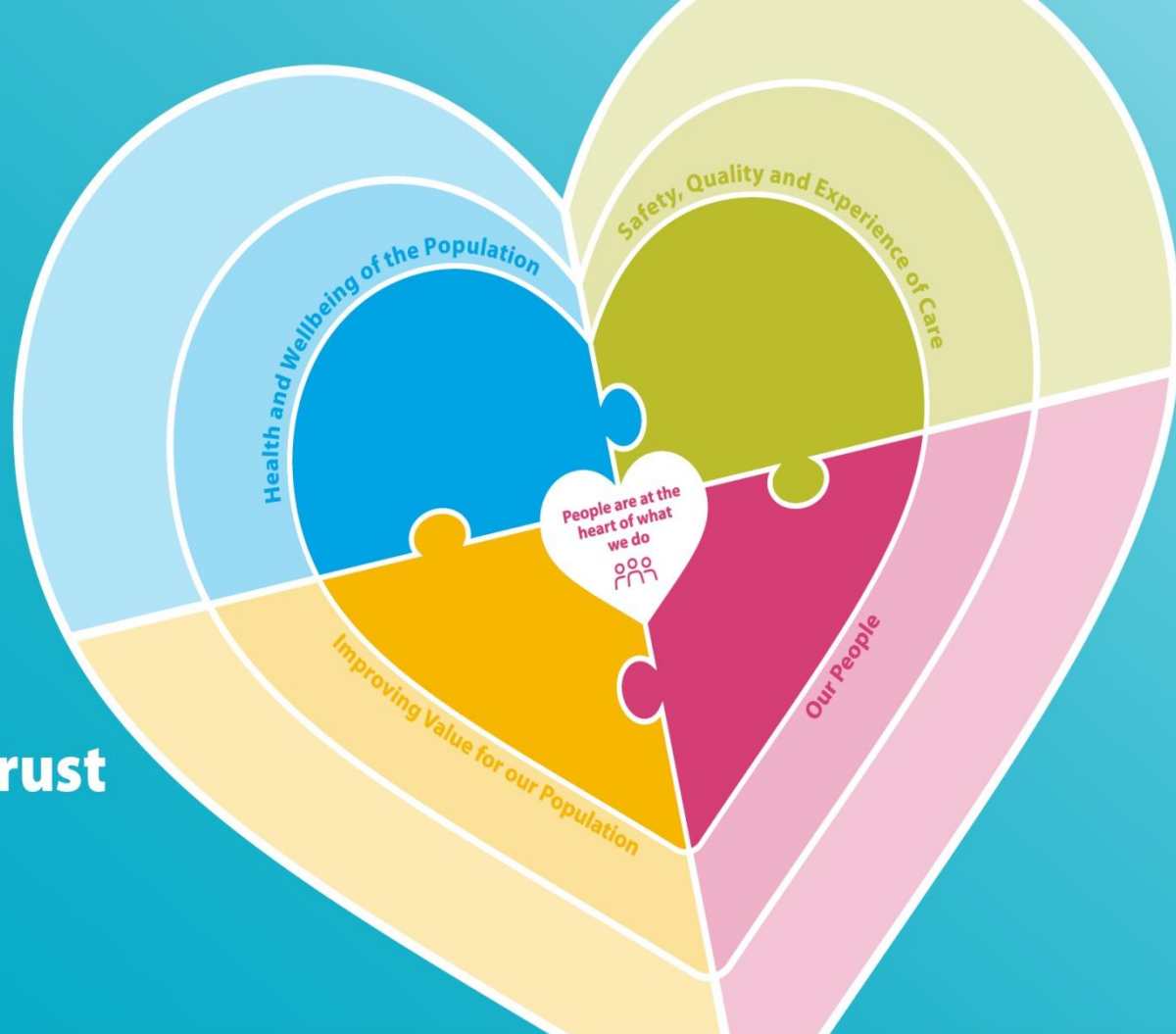**HSC** South Eastern Health and Social Care Trust

Overview

This Integrated Performance Management Report assesses the Trust position 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. 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 Statistic Process Control (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. Version 4 of the 23/24 Service Delivery Plan was received from SPPG on 8 Sept 2023, 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.

South Eastern Health and Social Care Trust

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&LT	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

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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 February are in development with the new Encompass system.

Therefore updates have been made here against submitted Service Delivery Plan (SDP) metrics only. 15 metric groups, 65%, have been 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.

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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:

Variation

Special Cause Concerning variation

Special Cause Improving variation

Common Cause

Assurance

Consistently hit target

Hit and miss target subject to random variation

Consistently fail target

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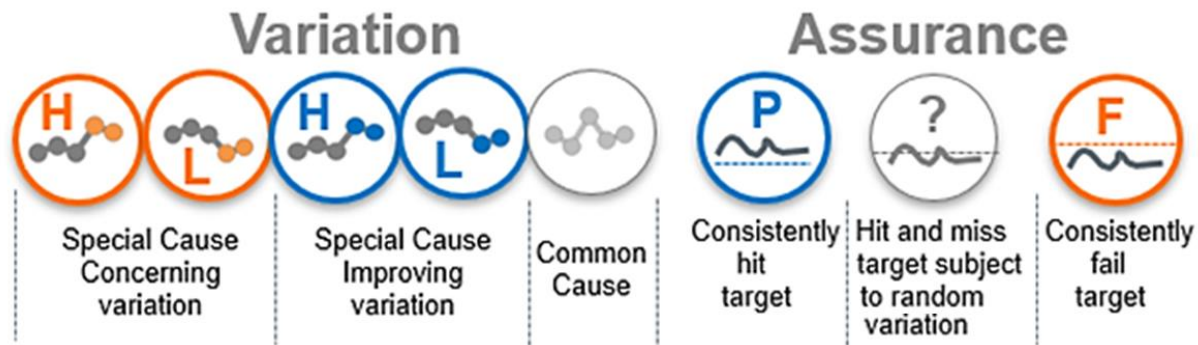
Safety, Quality and Experience of Care

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.

In February 2024 the following metrics monitored have had either an improving variation or consistently hit their target:
- CT
- 4hr % Downe
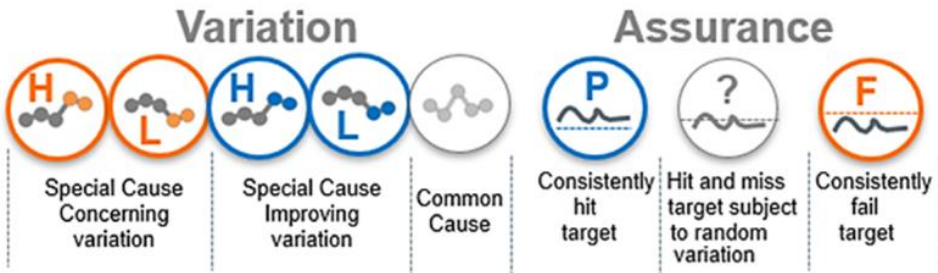
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Oct 23	314	222	(common cause)	(F)
Cancer 31 Day Activity	Oct 23	103	209	(common cause)	(?)
Cancer 62 Day Activity	Oct 23	62.5	94.0	(common cause)	(?)
Cancer 14 Day %	Oct 23	8%	100%	(L)	
Cancer 31 Day %	Oct 23	97%	98%	(common cause)	(?)
Cancer 62 Day %	Oct 23	28%	95%	(L)	(F)
Attendances - All SET	Feb 24	12721	-	(common cause)	
Attendances - Ulster ED	Oct 23	7847	-	(common cause)	
Attendances - Lagan Valley	Feb 24	1890	-	(common cause)	
Attendances - Downe	Feb 24	1256	-	(common cause)	
Attendances - Ards/Ulster MIU (Sept23)	Oct 23	2848	-	(H)	
Attendances - Ulster ED and MIU	Feb 24	9575	-	(common cause)	

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Variation

Special Cause Concerning variation
Special Cause Improving variation
Common Cause

Assurance

Consistently hit target
Hit and miss target subject to random variation
Consistently fail target
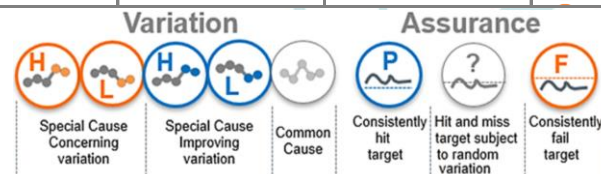
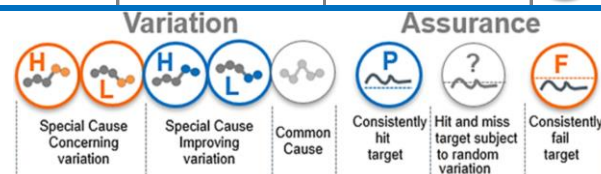| KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	Feb 24	47%	95%	L	F
4hr % - Ulster ED	Oct 23	24%	95%	L	F
4hr % - Lagan Valley	Feb 24	72%	95%	L	F
4hr % - Downe	Feb 24	96%	95%	L	P
4hr % - Ards/Ulster MIU (Sept23)	Oct 23	96%	95%	L	P
4hr % - Ulster ED and MIU	Feb 24	36%	95%	L	F
12hr Breaches - All SET	Feb 24	2349	-	H	
12hr Breaches - Ulster ED	Oct 23	1877	-	H	
12hr Breaches - Lagan Valley	Feb 24	7	-	H	
12hr Breaches - Downe	Feb 24	3	-	H	
12hr Breaches - Ards/Ulster MIU(Sept23)	Oct 23	7	-	H	
12hr Breaches - Ulster ED and MIU	Feb 24	2339	-	H	
Non-Elective Average Length of Stay	Feb 24	9.2	7.5	H	F

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Variation
Special Cause Concerning variation
Special Cause Improving variation
Common Cause

Assurance
Consistently hit target
Hit and miss target subject to random variation
Consistently fail target

KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Feb 24	4566	8978	⊙	?
Outpatient Contacts New Face to Face	Feb 24	4279	-	⊙	
Outpatient Contacts New Virtual	Feb 24	287	-	L	
Outpatient Contacts Review	Feb 24	9924	13377	⊙	?
Outpatient Contacts Review Face to Face	Feb 24	8343	-	⊙	
Outpatient Contacts Review Virtual	Feb 24	1581	-	L	
Inpatient Activity	Feb 24	291	398	⊙	?
Daycase Activity	Feb 24	994	1946	L	?
Endoscopy - 4 main scopes	Jan 24	611	831	⊙	?

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Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

11
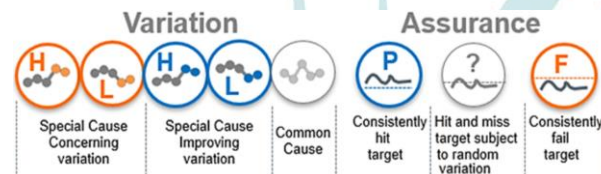
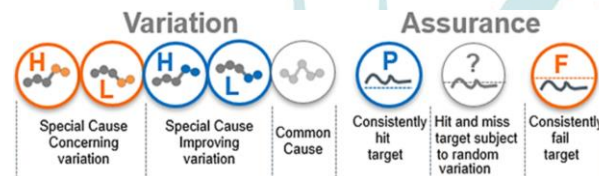| KPI	Latest month	Measure	Target	Variation	Assurance
Cath Labs Procedures	Feb 24	42	55		?
UHD Thrombolysis Rate	Jun 23	22%	16%		?
UHD Stroke Admitted < 4 hours	Jun 23	35%	47%		?
Inpatient & Daycase Waits < 13 weeks	Oct 23	23%	55%	L	F
Inpatient & Daycase Waits < 52 weeks	Oct 23	52%	100%		F
MRI	Feb 24	1031	1294		?
CT	Feb 24	4279	2589		P
NOUS	Feb 24	2628	2994		?
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Jan 24	173	84		?
Echo	Feb 24	1158	964		?

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Variation: Special Cause Concerning variation (H/L), Special Cause Improving variation (H/L), Common Cause

Assurance: Consistently hit target (P), Hit and miss target subject to random variation (?), Consistently fail target (F)

KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
Number of Births	Feb 24	302	-	🔵	
% C-Sections	Feb 24	43%	38%	🔵	?
# C-Sections	Feb 24	130	-	🔵	
% Elective C-Sections	Feb 24	22%	20%	🔵	?
# Elective C-Sections	Feb 24	67	-	🔵	
% Emergency C-Sections	Feb 24	21%	18%	🔵	?
# Emergency C-Sections	Feb 24	63	-	🔵	
% Instrumental Births	Feb 24	13%	11%	🔵	?
# Instrumental Births	Feb 24	39	-	🔵	
Induction of Labour Rate	Feb 24	37%	-	🔵	
% Spontaneous Vaginal Births	Feb 24	43%	50%	🔵	?
# Spontaneous Vaginal Births	Feb 24	129	-	🔵	

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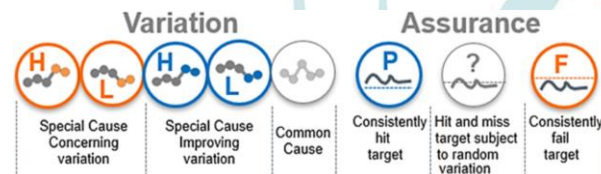
KPI	Latest month	Measure	Regional Avg. 2022	Variation	Assurance
Still Birth Rate (per 1000)	Feb 24	0	-		
Full Term Neonatal Unit (ICU) Admissions	Feb 24	1	-		
Post Partum Haemorrage (>2000ml)	Feb 24	4%	-		
Shoulder Dystocia Rate	Feb 24	1%	-		
Breastfeeding Initiation Rate	Nov 23	65%	-		

South Eastern Health and Social Care Trust

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

14

Unscheduled Care 4 Hour Target (1/2)

4hr % - All SET

4hr % - Ulster ED and MIU

4hr % - Lagan Valley

4hr % - Downe

South Eastern Health and Social Care Trust

Variation

Assurance

Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Unscheduled Care 4 Hour Target (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 February 2024 47% of all patients within ED across the South Eastern Trust met the 4 hour target.
At the Ulster Hospital site the figure was 36% and in Lagan Valley 72%. 96% of all patients at Downe UCC met the target.

4 Hour performance remains a challenge across the region, particularly within Type 1 EDs.

At the Ulster site significant overcrowding caused by continued high length of stay and high numbers of attendees impacts our ability to meet the 4hr target.

Length of stay is impacted by the increase in complexity of patients and subsequent challenges in discharging people when medically fit. ED continues to experience high levels of Mental Health attendances with these patients often being delayed for significant periods of times.

Gold & Silver Hospital and Community Flow structures remain in place with the aim of improving flow across the system.

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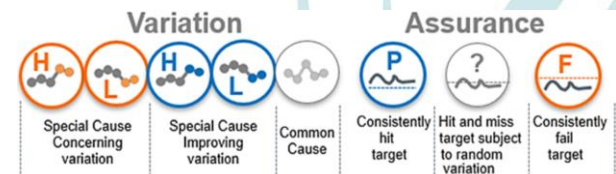
Unscheduled Care 12 Hour Target (1/2)
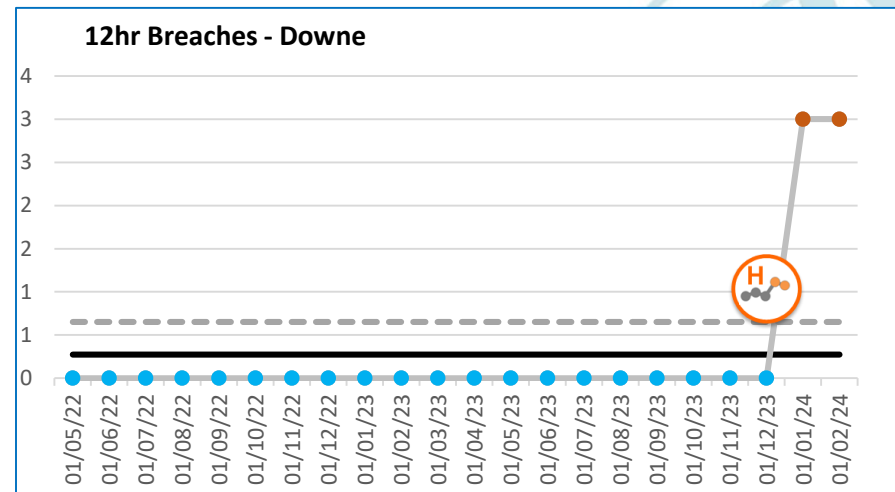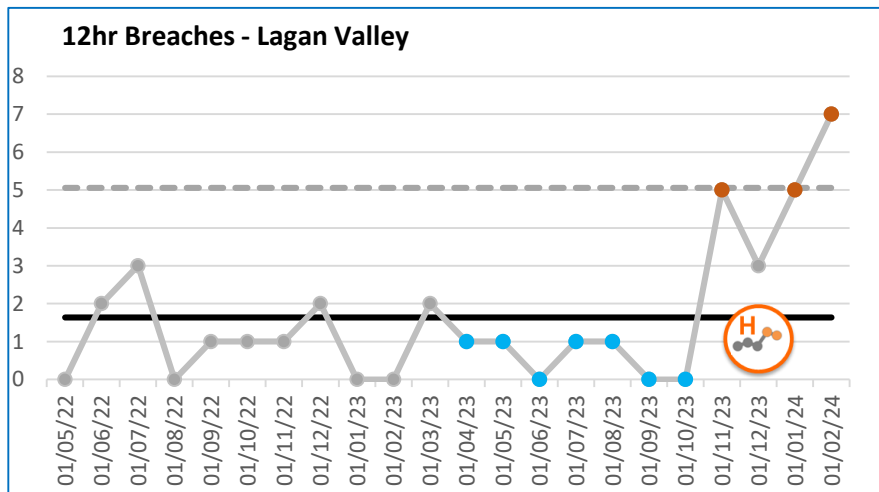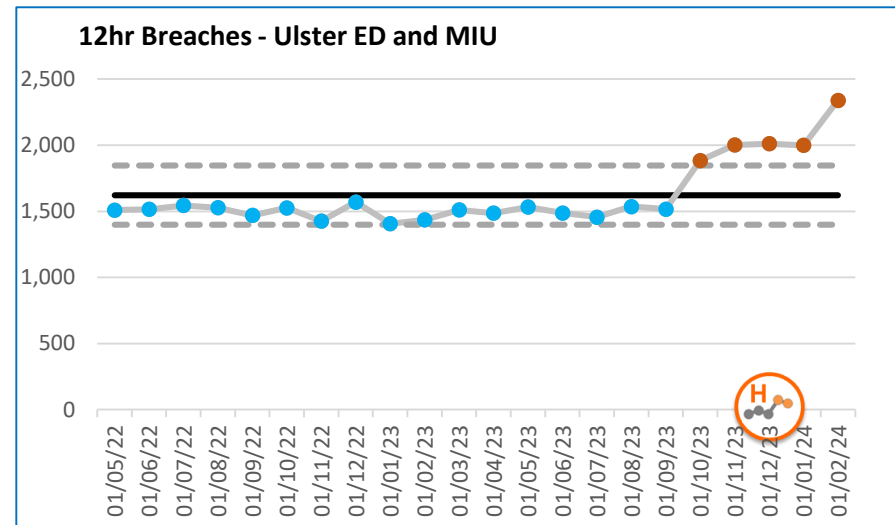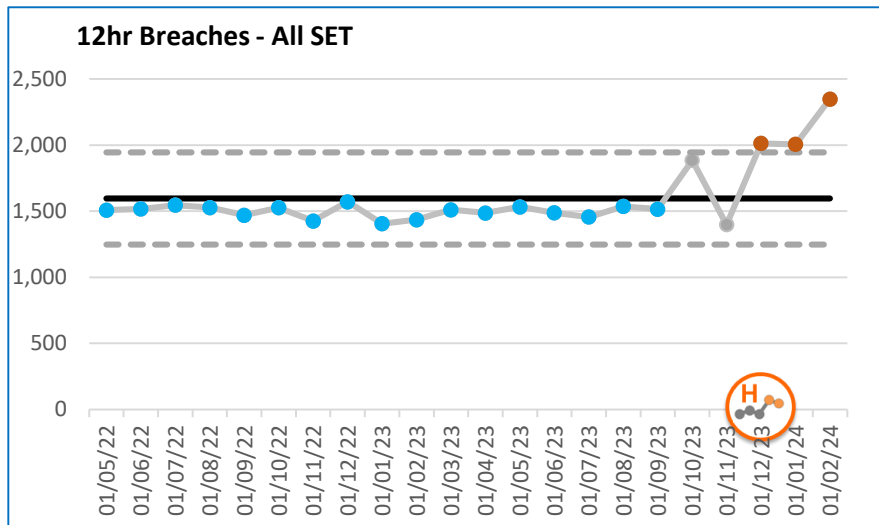
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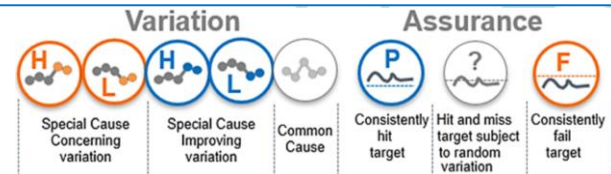
Unscheduled Care 12 Hour Target (2/2)

ED 12hr Performance is a SPD Metric.
In February 2024 2,349 of all patients within ED across the South Eastern Trust breached the 12 hour target against an expected trajectory of 1,361.
At the Ulster Hospital site the figure was 2,339, Lagan Valley 7 and Downe UCC 3.

Non Elective Average Length of Stay
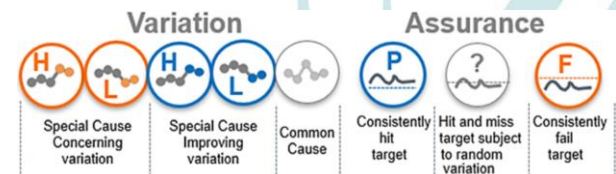
Non-Elective Average Length of Stay
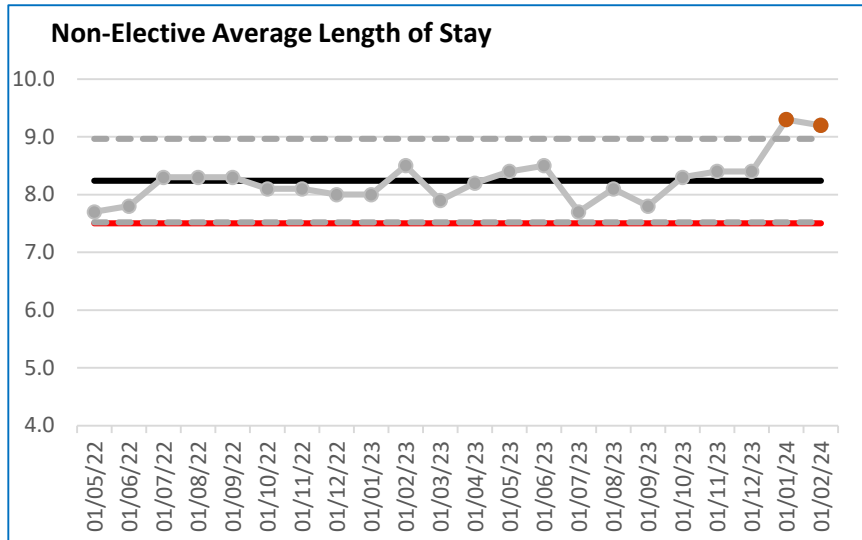
Non Elective Average Length of Stay at the Ulster Hospital is tracked as part of SDP monitoring. In February 2024 the average length of stay was 9.2 against an expected trajectory of 7.0.

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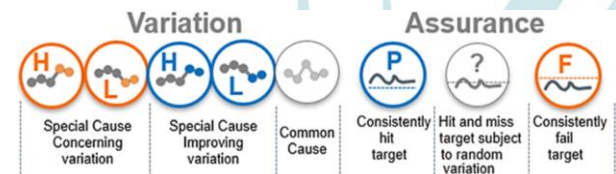
Outpatient Contacts New and Review Virtual

Outpatient Contacts New Virtual

Outpatient Contacts Review Virtual
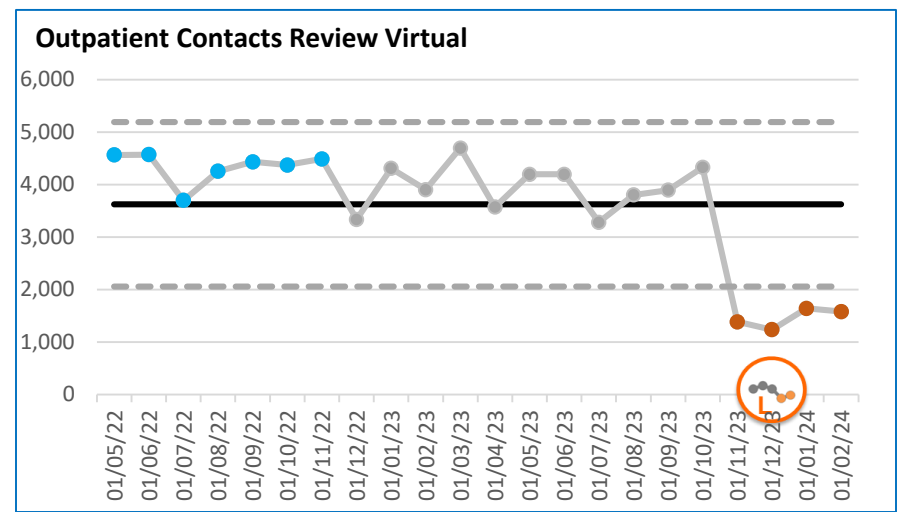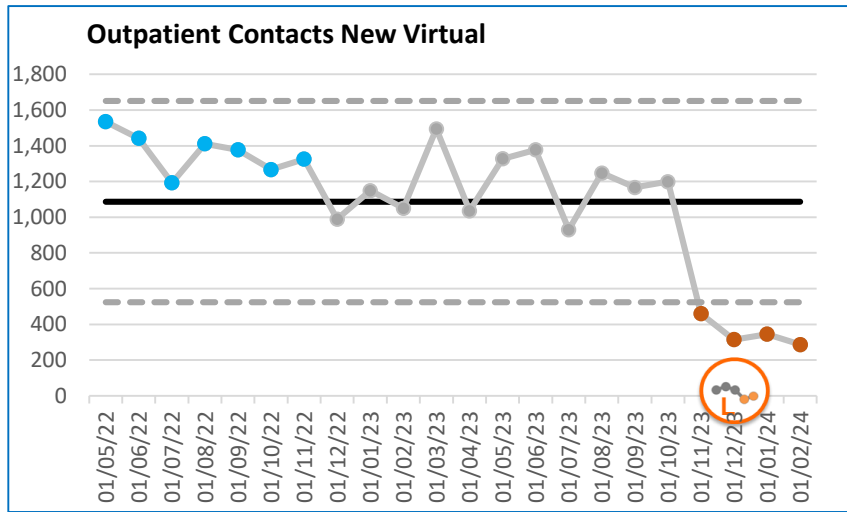
Outpatient New and Review Contacts, including virtual, are tracked as part of SDP monitoring. In February 2024 virtual contacts delivered totalled 287 new and 1,581 review. There is no expected trajectory under SDP for virtual contacts alone, instead included as part of overall activity.

The South Eastern Trust were the first Trust to go live with Encompass on 9th November 2023. Prior to the rollout of Encompass, recognising the learning from other NHS Trusts, an activity against downturn was agreed across all acute specialities. This downturn period has be extended with a number of areas remaining at 75% of pre-encompass levels. According to Epic UK Organisation's Experience, overall activity impacts tend to stabilise 4-8 months post-live.

Ultimately, this downturn in activity is reflected in the current outpatient activity.

Daycase Activity
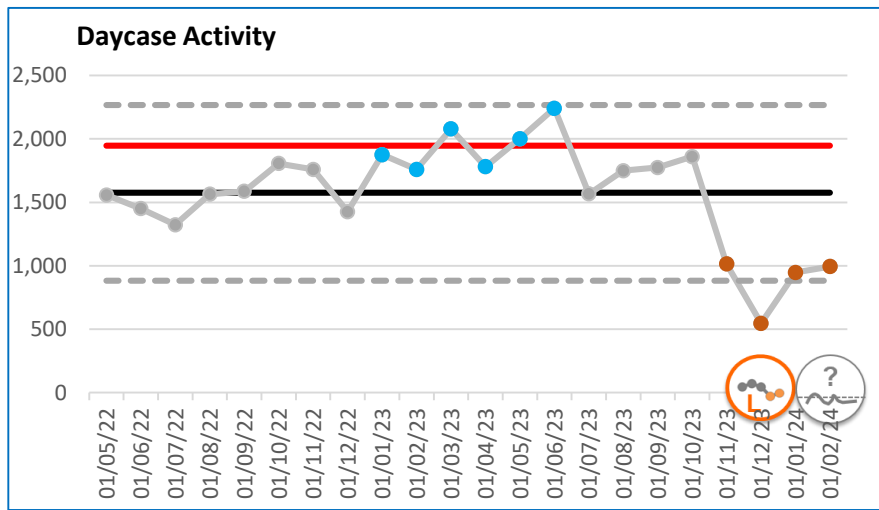
Daycase activity is tracked as part of SDP monitoring. In February 2024 994 Daycases were delivered against an expected trajectory of 1,729 which equates to 57%.

Since encompass implementation there has been a change in the way some procedures have been recognised, this includes significant Daycases now being classed as Outpatient with Procedure activity from November onwards.

The use of the new system is requiring validation in some areas and CNAs have increased.

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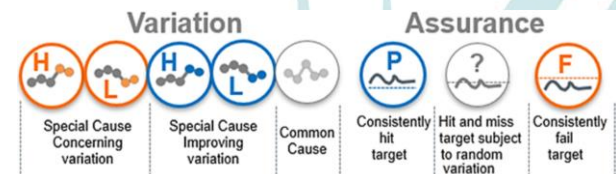
Post Partum Haemorrhage (>2000ml)

Post Partum Haemorrage (>2000ml)
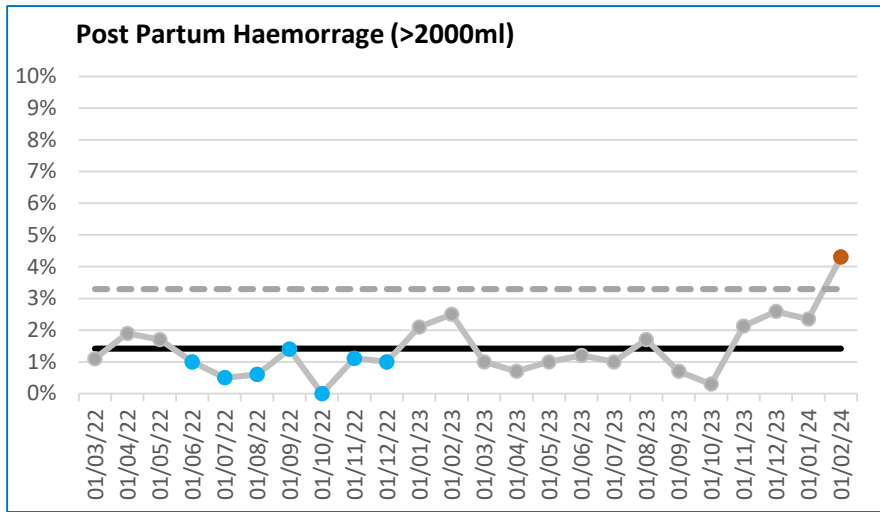
In February 2024 the rate of post partum haemorrhage was 4.3%

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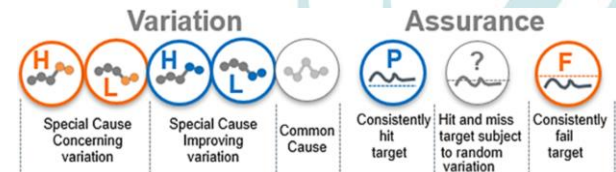
Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS

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TITLE	Target	NARRATIVE	PERFORMANCE	TREND

HCAI

New Targets (limits) were set this year by PHA for all HCAI's except GNBs.

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.

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.

NARRATIVE

2023/24:
CDI: 8 < 48 hours
: 59 > 48 hours

MRSA :1 < 48 hours,
:5 > 48 hours
Community :1

Gram Negative Bacteraemias
Reportable only if >48hrs

Ecoli :60
Pseudo. Aeruginosa : 5
Klebsiella Oxytoca: 3
Klebsiella Pneumoniae: 17

****

All HCAI's are actively monitored and any preventative measures are taken once identified.

PERFORMANCE

	Target 22/23	Outturn 22/23	Limit 23/24	Target no. of cases / month	Avg cases as of end of Feb	April - Feb Episodes
C.difficile	55	74	64	5.33	6.1	67
MRSA	5	8	6	0.5	0.64	7
All Gram Negative#	39	73	39	3.25	7.7	85

C.difficile >= 2yrs old (>48hrs)

MRSA Bacteraemias

All Gram Negative Bacteraemias (including Ecoli, Kleb Pneumoniae, Kleb Oxytoca, Pseudomonas Aeruginosa)(>48hrs)

TREND

CDI HAI Rate in SET- starting 01/04/19

MRSA HAI Rate in SET- starting 01/04/19

Ecoli HAI Rate in SET- starting 01/04/19

Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE

HSC 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.

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 2024 the following metrics monitored have had either an improving variation or consistently hit their target:
- Speech and Language New Contacts
- Speech and Language Therapy Child > 13 weeks

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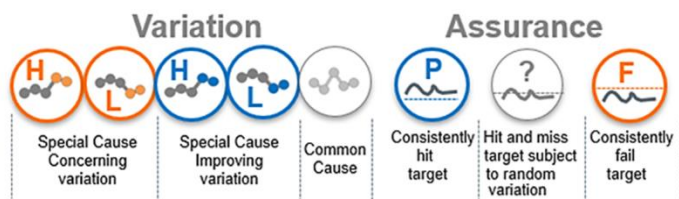
KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Feb 24	275	152		
CDS Contact Review	Feb 24	784	1013		
Complex Discharges (n)	Oct 23	395	-		
Complex Discharges < 48hrs - All SET	Oct 23	34%	90%	L	F
Complex Discharges < 7 days	Oct 23	72%	100%	L	F
Dom Care Hours Delivered Stat	Nov 23	64991	-		
Dom Care Hours Delivered Ind	Nov 23	314976	-		
AHP < 13 weeks	Feb 24	49%	100%	L	F
District Nursing Contacts	Feb 24	24437	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	Feb 24	51	87	L	

Variation

Assurance

Special Cause Concerning variation — Special Cause Improving variation — Common Cause — Consistently hit target — Hit and miss target subject to random variation — Consistently fail target
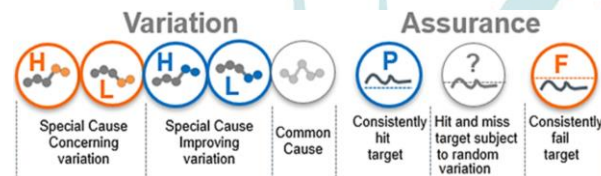
KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Feb 24	631	476	H	?
Speech & Language Therapy Review Contacts	Feb 24	2698	3379	L	?
Physio New	Feb 24	2114	2278		F
Physio Review	Feb 24	4888	7027		F
Occupational Therapy New	Feb 24	715	1080		?
Occupational Therapy Review	Feb 24	1009	3104	L	F
Dietetics New	Feb 24	599	666		?
Dietetics Review	Feb 24	859	846	L	?
Orthoptics New	Feb 24	193	105		?
Orthoptics Review	Feb 24	315	372		?
Podiatry New	Feb 24	475	556	L	?
Podiatry Review	Feb 24	1957	2983		?

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Special Cause Improving variation
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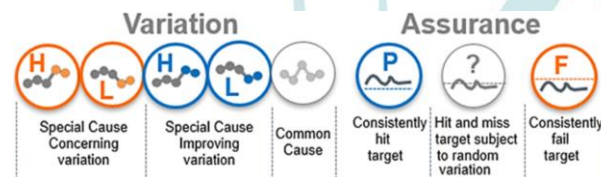
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Feb 24	2946	-	(H)	
Occupational Therapy >13 Week Waits	Feb 24	1834	0	(H)	(F)
Orthoptics Number on WL	Feb 24	458	-	(common)	
Orthoptics >13 Week Waits	Feb 24	115	0	(common)	(F)
Podiatry Number on WL	Feb 24	3518	-	(H)	
Podiatry >13 Week Waits	Feb 24	1848	0	(H)	(F)
Physiotherapy Number on WL	Feb 24	9726	-	(H)	
Physiotherapy >13 Week Waits	Feb 24	5201	0	(H)	(F)
Dietetics Number on WL	Feb 24	2071	-	(H)	
Dietetics >13 Week Waits	Feb 24	694	0	(H)	(F)

South Eastern Health and Social Care Trust

Variation — Special Cause Concerning variation, Special Cause Improving variation, Common Cause

Assurance — Consistently hit target, Hit and miss target subject to random variation, Consistently fail target
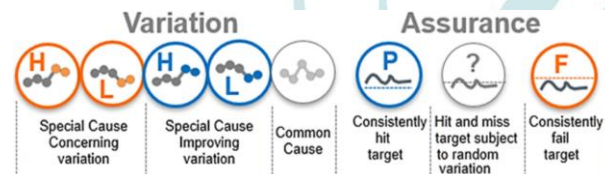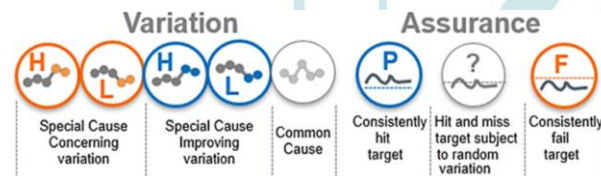
KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Feb 24	759	-	⚬	
Speech and Language Therapy Adult >13 Week Waits	Feb 24	320	0	⚬	F
Speech and Language Therapy Child Number on WL	Feb 24	455	-	⚬	
Speech and Language Therapy Child >13 Week Waits	Feb 24	160	0	L	F

South Eastern Health
and Social Care Trust

CDS General Anaesthetic
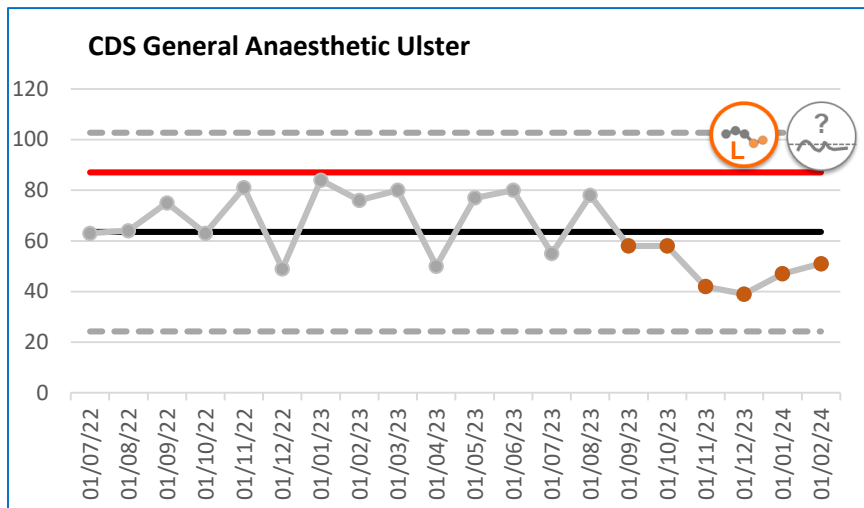
CDS General Anaesthetic is monitored as part of the Service Delivery Plan.

February 2024 recorded 51 against an expected trajectory of 87. This equates to 59% of expected activity.

Staff sickness has been extremely challenging in February, with a number of staff on long term sick leave and this has severely impacted the services ability to keep clinics running. Some clinics and domiciliary sessions had to be cancelled (recruitment process ongoing).

In February 24, a Paediatric list was lost due to hospital Audit. The numbers of patients per list is still reduced from pre Encompass numbers but these are slowing building up again. The service has a higher numbers of cancellations from patients due to winter illnesses.

The service still have some concerns regarding the accuracy of the data collected from Encompass - especially the theatre work and we are working with the Encompass team to address these

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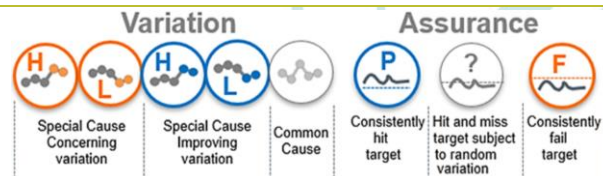
AHP waits < 13 weeks

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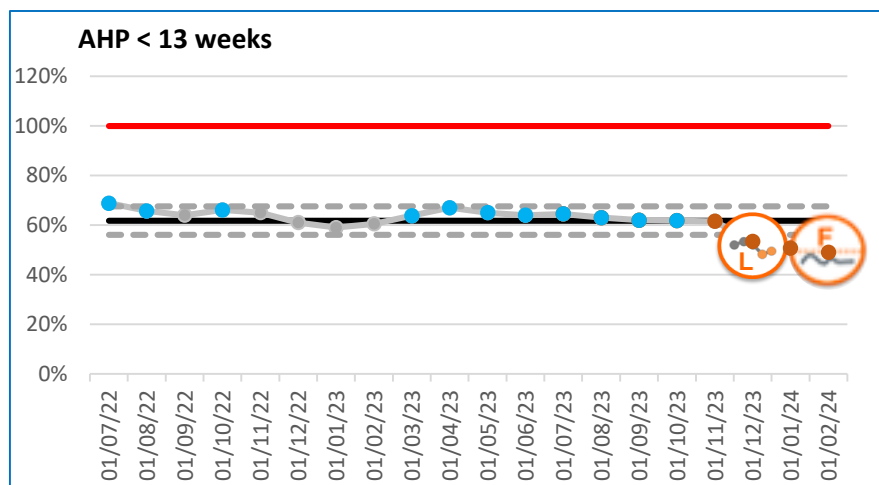
Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target.

In February 2024 49% of patients received treatment within 13 weeks against the 100% target. Breakdown by specialty is shown in the summary table.

There have been a number of issues including changes to reporting, sickness, strike action and half term which have had an impact on performance in February 24.

We anticipate an improving picture in the coming months however SET staff are supporting Belfast Trust Encompass Go live preparation which will also impact capacity.

Further rationale is provided against each specialty in the following slides.

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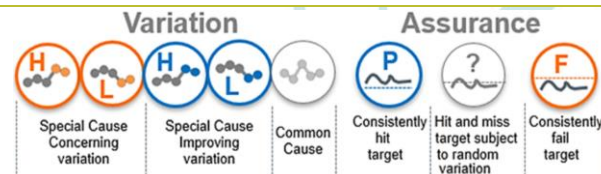
Speech and Language Contacts

Speech & Language Therapy New Contacts

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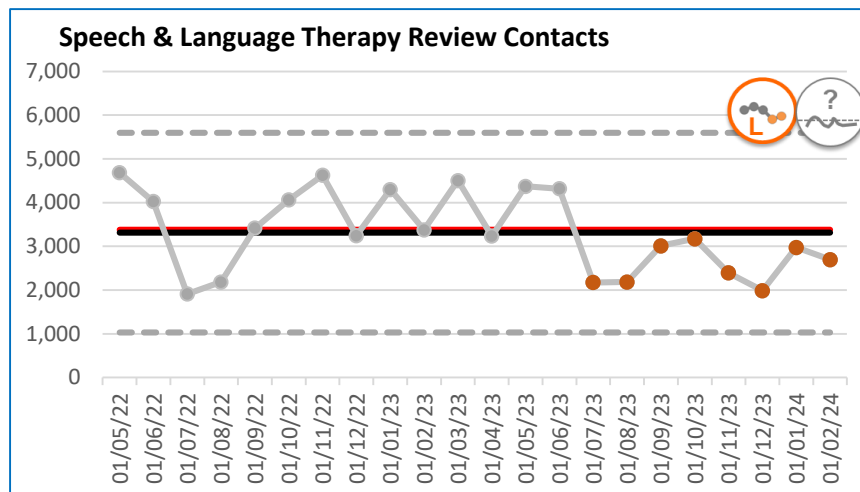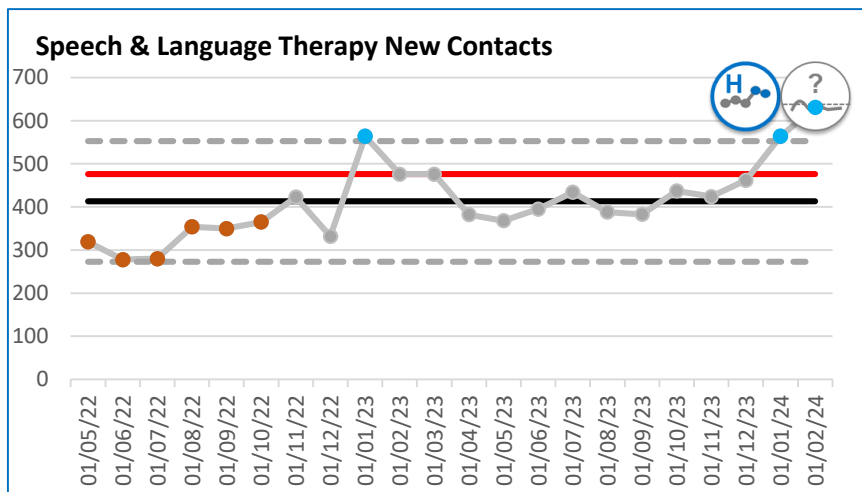
Speech and Language Contacts are monitored as part of the Service Delivery Plan.

February 2024 recorded 631 new contacts against a trajectory of 476. This is 133% of target. 2698 review contacts against an expected trajectory of 3379. This equates to 80% of expected activity.

Introduction 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.

Strike action and half term break in February 2024 had an impact on reduced contacts especially in relation to schools.

Sickness absence has been exceptionally high, particularly in Children's SLT teams (7 staff long-term sick leave), as well as maternity leave and vacancies across all areas.

Waiting list pathways are in place and teams are working on new enhanced triage initiatives to improve performance

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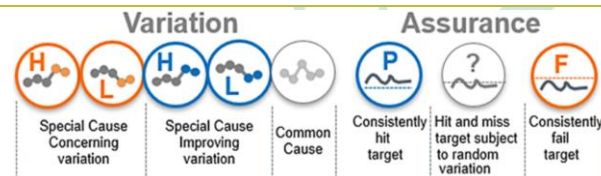
Physiotherapy Contacts
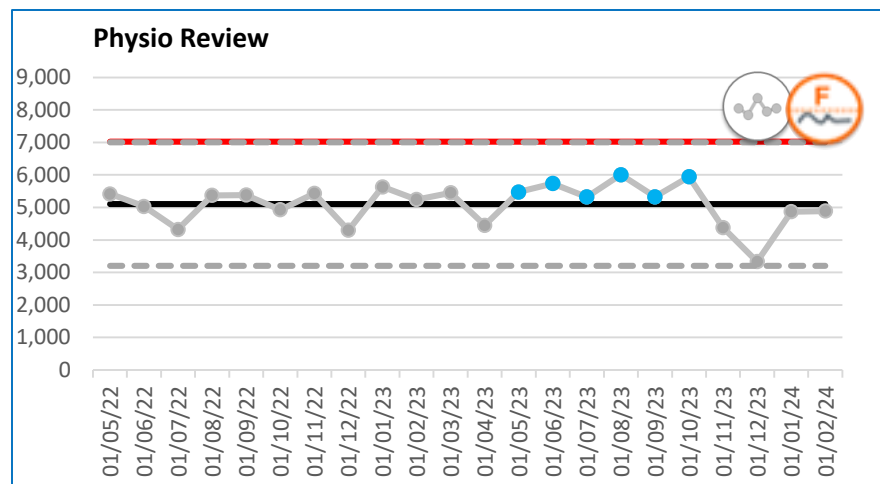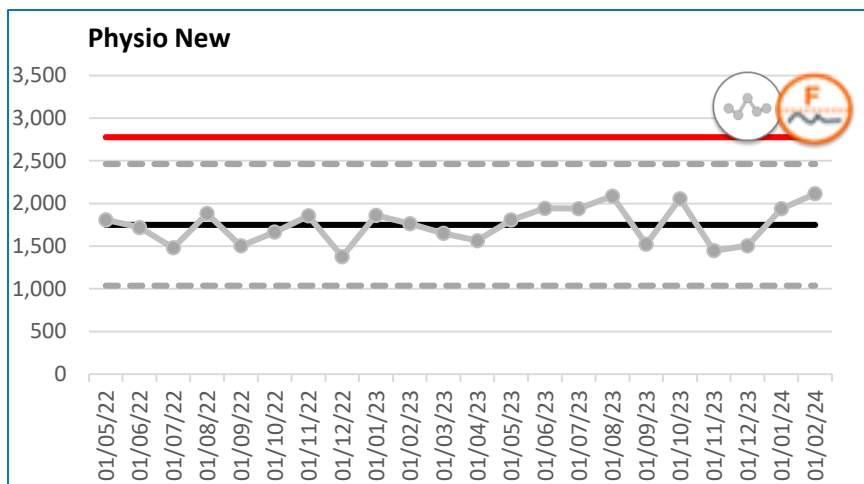
Physio New

Physio Review

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

**February 2024 recorded 2,114 new contacts against an expected trajectory of 2,278. This equates to 93% of expected activity.**
February 2024 recorded 4,888 review contacts against an expected trajectory of 7,027 This equates to 70% of expected activity.

Vacancy rates and sick leave continues to be an issue in Physiotherapy

Use of Encompass is still embedding and some appointment times are increased due to additional admin time needed but this will improve moving forward.

Impact of school closures on SEN Physiotherapy work and staff attendance has also been felt during February due to half term break.

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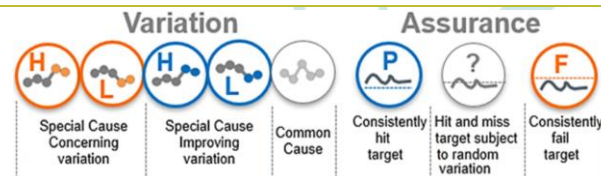
Occupational Therapy Review Contacts
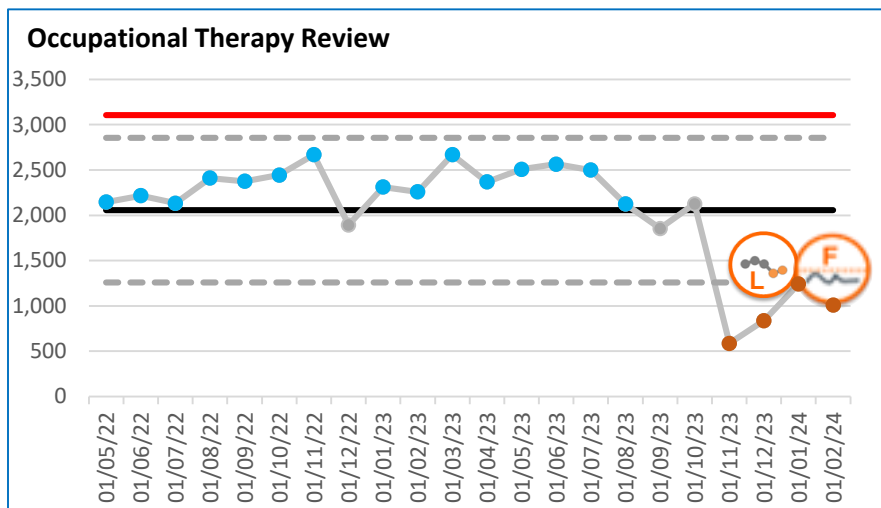
Occupational Therapy Contacts are monitored as part of the Service Delivery Plan.

February 2024 recorded 1,009 review contacts against an expected trajectory of 3,104. This equates to 33% of expected activity.

Encompass Build issues are impacting on performance and impacting on activity data

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

Strike action and half term break in February 2024 had an impact on reduced contacts especially in relation to schools, as well as maternity leave, vacancies and short/long term sickness.

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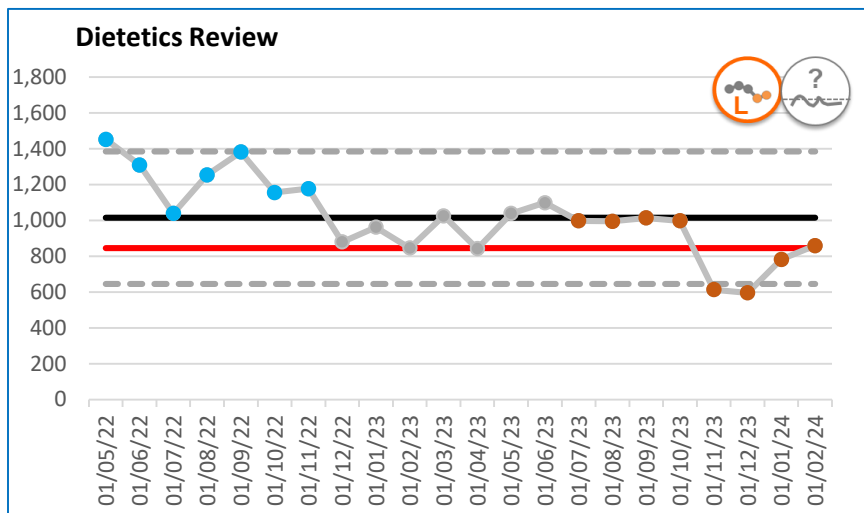
Dietetics Contacts are monitored as part of the Service Delivery Plan.

February 2024 recorded 859 review contacts against an expected trajectory of 846. This equates to 102% of expected activity.

Reduction in activity linked with:

Ongoing impact of moving to Joint Visit Recording across our Hubs and Consultant/Nurse led clinics and groups on encompass system
Staffing level reduced by 11% due to vacancies
Increased complexity of cases with more intensive input impacting on number of new cases opened
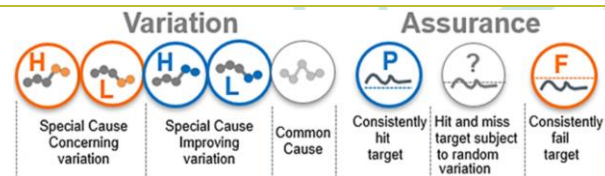
Podiatry Review Contacts
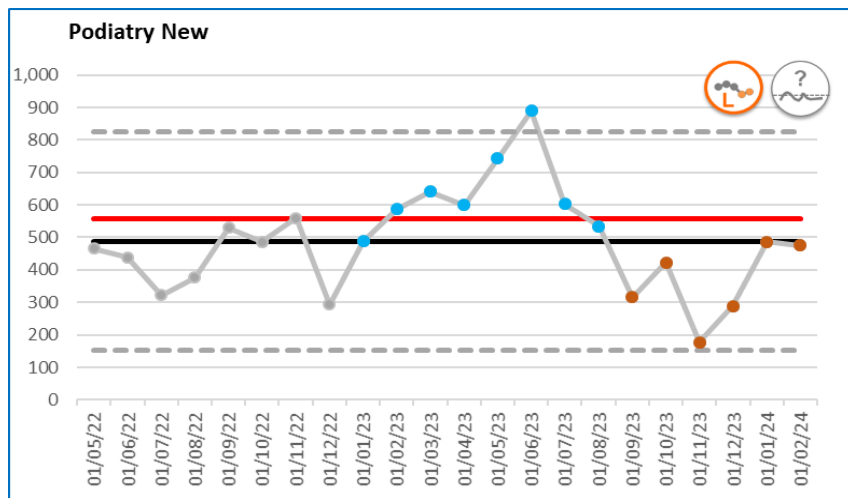
Podiatry New

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

February 2024 recorded 475 new contacts against an expected trajectory of 556. This equates to 85% of expected activity.

Significant Sick Leave (~ 17% of professional Staff on long term sick leave) annual leave and vacancies across Podiatry services has impacted on the ability of staff to see all but acute wounds – this has impacted both new patient and review capacity significantly

The service is working on a number of initiatives to increase capacity but staffing issues are having a significant impact on remaining staff

South Eastern Health and Social Care Trust

Variation | Assurance

Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target
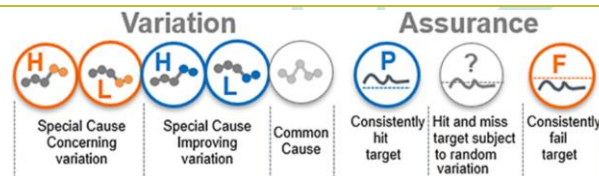
Safety, Quality and Experience of Care

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 2024 no metrics monitored have had either an improving variation or consistently hit their target
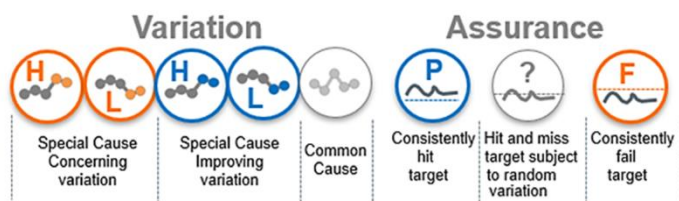
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Sep 23	816	-	H	
Adult Mental Health Wait < 9 weeks %	Sep 23	53%	100%	L	F
Adult Mental Health Non-Inpatient New	Feb 24	615	891		F
Adult Mental Health Non-Inpatient Review	Feb 24	3120	4373	L	?
Psychological Therapies - New Contacts	Feb 24	122	86		?
Psychological Therapies - Review Contacts	Feb 24	1048	1696	L	?
Dementia Contacts New	Oct 23	109	199		F
Dementia Contacts Review	Oct 23	747	798		?
Dementia Services - No patient wait longer than 9 wks	Oct 23	34.0%	100.0%		F
Dementia Services - No patient wait longer than 9 wks - breaches	Oct 23	425	-		

South Eastern Health and Social Care Trust

Variation

Special Cause Concerning variation
Special Cause Improving variation
Common Cause

Assurance

Consistently hit target
Hit and miss target subject to random variation
Consistently fail target

40
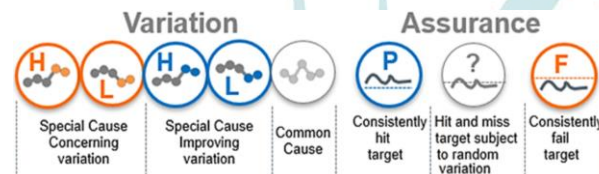
Adult Mental Health

Adult Mental Health Non-Inpatient New

Adult Mental Health Non-Inpatient Review

Adult mental health contacts are monitored as part of the Service Delivery Plan.

February 2024 recorded 615 new and 3120 review contacts against an expected trajectory of 891 (new) and 4373 (review). This equates to 69% and 71% of expected activity.

Issues regarding the use of scheduling in Encompass has resulted in under-reporting.
Work is ongoing to address this issue.

South Eastern Health and Social Care Trust

Variation | Assurance

Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target
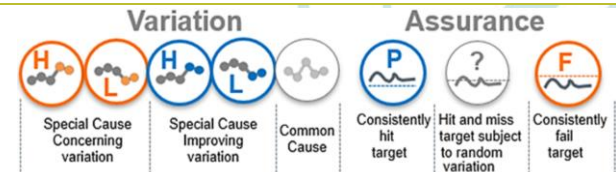
Psychological Therapies

Psychological Therapies - Review Contacts
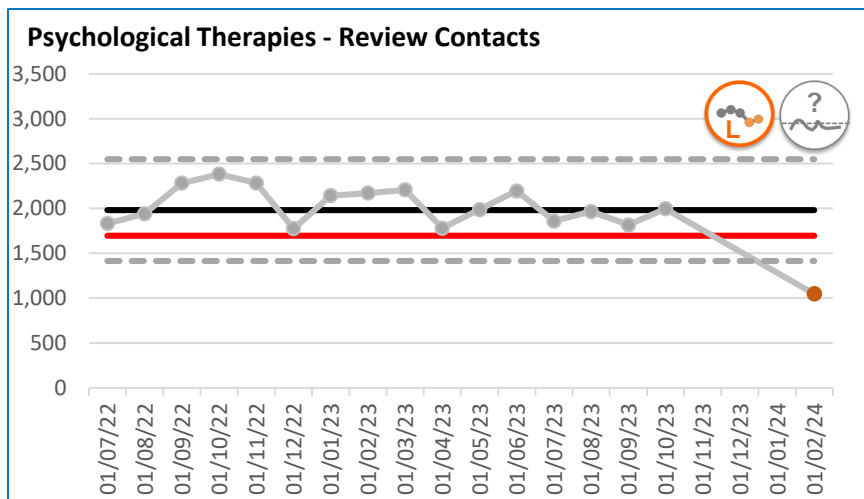
Psychological therapy contacts are monitored as part of the Service Delivery Plan.

February 2024 recorded 1048 review against an expected trajectory of 1696. This equates to 62% of expected activity.

Review patient contacts have been impacted by staff leaving for promotion/retirement; unexpected sickness; and prolonged absence for personal reasons. As these staff largely work in core teams with a high volume of cases, lower staffing has impacted on clinical capacity for ongoing reviews.

Recruitment for vacant post in these team underway, it is anticipated that at least some increase in review cases is expected going forward. Work is ongoing to address challenges particular to Psychological therapies with new encompass system performance monitoring

Issues regarding the use of scheduling in Encompass has resulted in under-reporting. Work is ongoing to address this issue.

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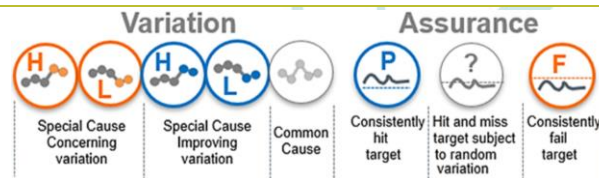
Safety, Quality and Experience of Care

CHILDREN'S SERVICES

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.

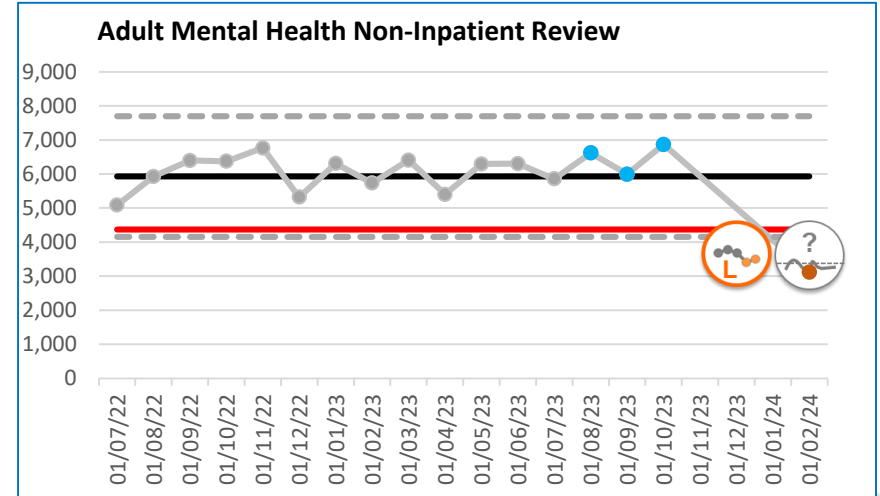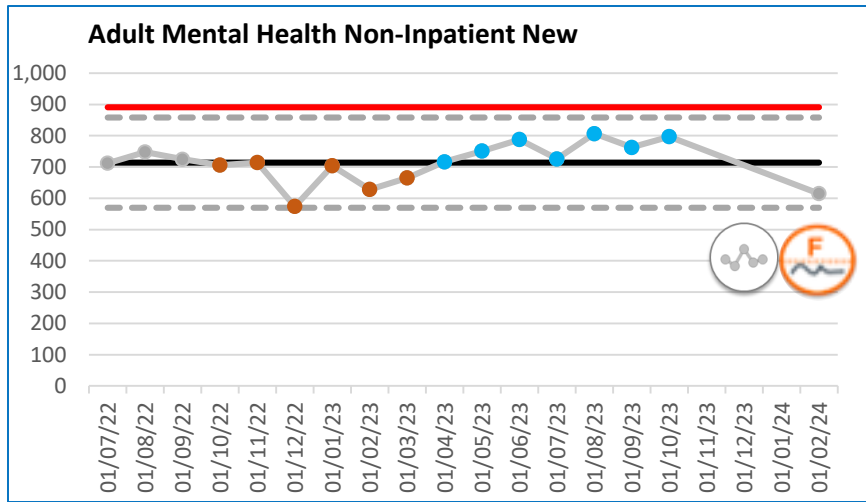In February 2024 no metrics monitored have had either an improving variation or consistently hit their target
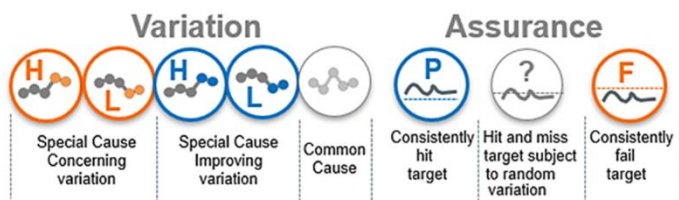
KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Feb 24	84	-		
Unallocated Cases	Feb 24	601	-	H	
Unallocated Cases > 20 days	Feb 24	547	-	H	
Unallocated Cases > 30 days	Feb 24	530	-	H	
% of review CP case conferences held with 3 months	Feb 24	90%	85%		?
Total reviews held within 3 months	Feb 24	19	-		
% of subsequent CP case conferences held within 6 months	Feb 24	90%	89%		?
Total subsequent reviews held within 6 months	Feb 24	19	-		
% of Initial child protection cases conferences held within 15 days	Feb 24	90%	84%		?
Unallocated Cases>20 days Family Support only	Feb 24	163	86	H	F

Unallocated Cases (1/2)
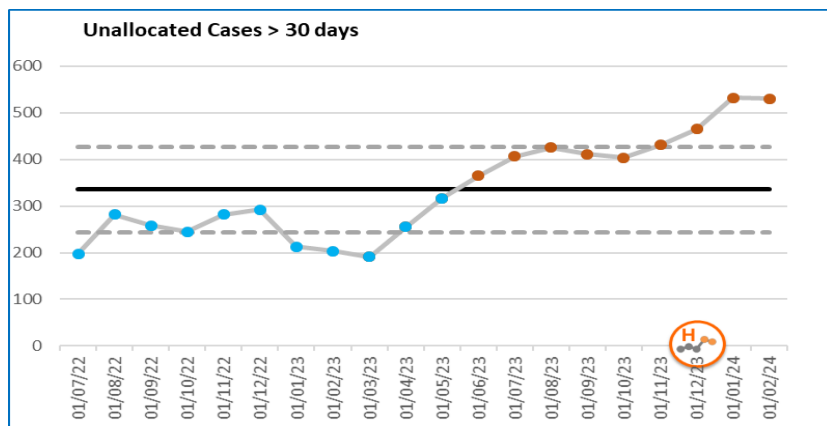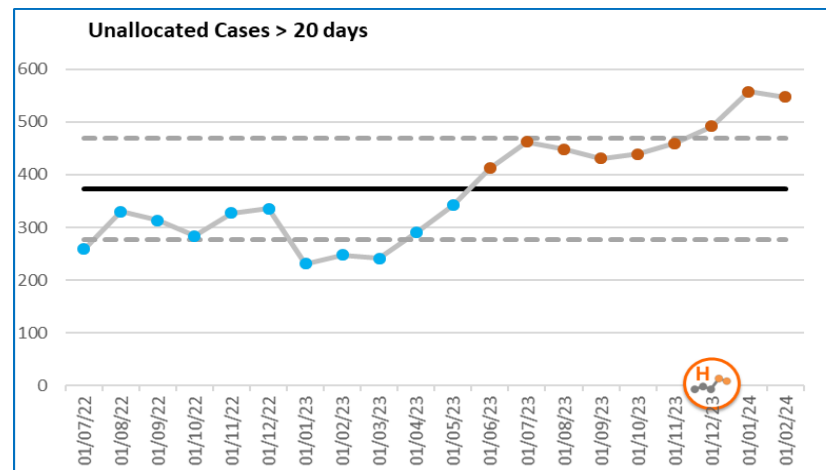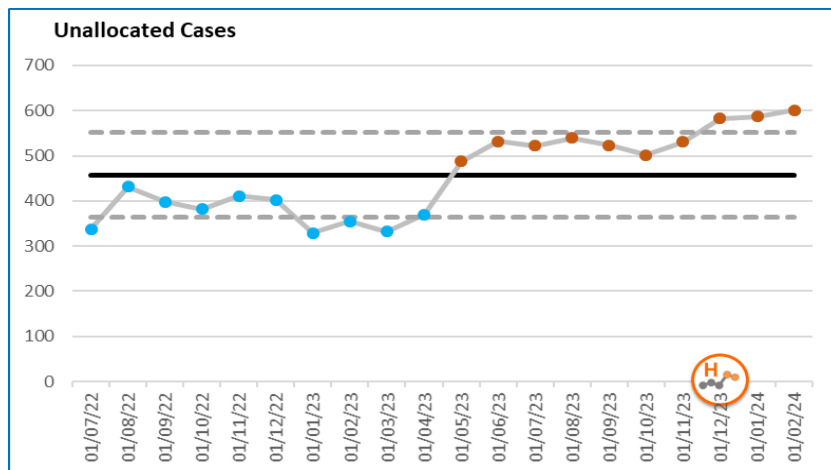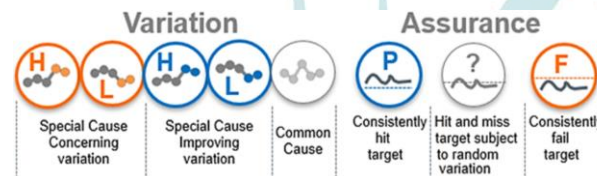
Unallocated Cases (2/2)

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 February 2024 there were 163 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 February 2024 there were 601 unallocated cases with 547 of these waiting over 20 days and 530 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 maintained 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.
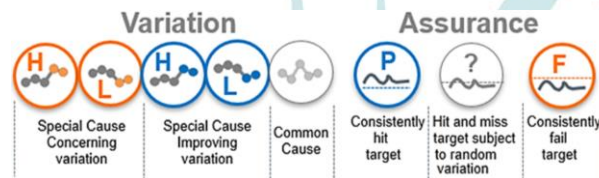
NME ASSURANCE

South Eastern Health
and Social Care Trust

Variation

Special Cause Concerning variation	Special Cause Improving variation	Special Cause neither improve or concern variation	Common Cause

Assurance

Consistently hit target	Hit and miss target subject to random variation	Consistently fail target

NEWS2 - COMPLIANCE TREND

Trustwide NEWS2 Compliance - starting 01/04/21

PATIENT OUTCOMES:

Number of Cardiac Arrests Trustwide- starting 01/04/21

Please note that while work is ongoing to validate data from Encompass the outcome charts have reverted to number of incidents per month rather than a rate of incident per 1000 bed days

KEY LEARNING:

- Work is being undertaken to extract Nursing KPI data from encompass. The chart above depicts the last available Nurisng KPI data reported from paper based audits in October 2023 which, indicated normal variation.
- There were five cardiac arrests in January 2024 (as depicted in the graph above, top right). Post cardiac arrest reviews identified areas of good practice and areas for improvement including:
- Good NEWS2 compliance and excellent nursing documentation. On review of one patients notes NEWS2 was not recorded to the recommended frequency.
- There is evidence of ongoing issues with Fluid Blance Charts particularly recording of output.
- The use of a systematic approach to assessing the sick patient (ABCDE) is not being consistently recorded.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

- The identified learning from each post cardiac review is shared locally with Ward Sisters / Charge Nurses and Lead Nurses and across the Trust through Safety & Quality Committee and Nursing & Midwifery forums.
- A NEWS2 flowsheet has been developed on Encompass which comprises only the 7 required parameters for NEWS2, this is to support improved recording of NEWS2.
- The Resuscitation Team continue to provide training to Nursing and Medical staff and is placing a strong emphasis on the recognition and management of the sick patient using the structured ABCDE approach.

South Eastern Health and Social Care Trust

HSC

KEY

Variation

Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Outcomes
January 2024

FALLSAFE - COMPLIANCE TREND

Trustwide FallSafe Compliance - starting 01/04/21

Mean — 0 — Process limits - 3σ — Special cause - concern
Special cause - improvement — Target — special cause neither
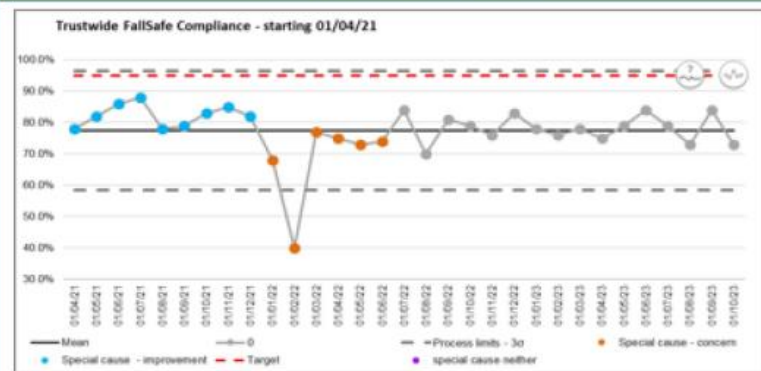
PATIENT OUTCOMES:

Count of Moderate and Above Inpatient Falls Trustwide- starting 01/04/21

Please note that while work is ongoing to validate data from Encompass the outcome charts have reverted to number of incidents per month rather than a rate of incident per 1000 bed days

Mean — 0 — Process limits - 3σ — Special cause - concern
Special cause - improvement — Target — special cause neither
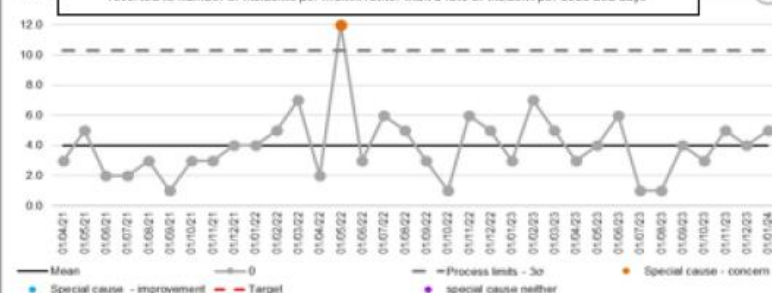
KEY LEARNING:

1. Work is being undertaken to extract Nursing KPI data from encompass. The chart above depicts the last available Nurisng KPI data reported from paper based audits in October 2023 which, indicated normal variation.
2. The chart above (top right) depicts normal variation in relation to the number of inpatient falls which resulted in moderate to severe harm.
3. Key areas identified for improvement post falls review focus on the timely and accurate recording of Falls Risk Assessment and patient monitoring post fall.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

1. Reintroduction of Falls Champions and workshops to support best practice in relation to falls across the Trust. Falls Champions are producing a Falls Noticeboard to raise awareness around falls within their clinical areas.
2. Promotion and distribution of Regional In-patient Falls Prevention Leaflet.
3. The expansion of a pilot using falls prevention equipment to LVH and Downe Hospital wards following a successful pilot in wards 3E/F in UHD.
4. The Falls Team are providing on-ward support and virtual training sessions on all Falls bundles within the Encompass digital recording system.
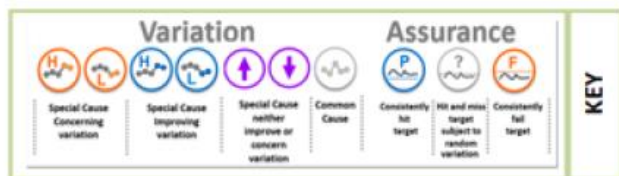5. Support and education sessions are being provided to the Trust Statutory Residential Homes on use of the regional Enhancing Clinical Care Framework Falls Bundle. This Falls bundle has been produced in collaboration with the PHA Regional Falls Collaborative Group to provide guidance on falls prevention and management following a fall. This aims to reduce pressure on unscheduled care by reducing the number of falls in the community.

20

South Eastern Health and Social Care Trust

KEY

Variation

Special Cause Concerning variation	Special Cause Improving variation	Special Cause neither improve or concern variation	Common Cause

Assurance

Consistently hit target	Hit and miss target subject to random variation	Consistently fail target

SSKIN - COMPLIANCE TREND

Trustwide SSKIN Compliance- starting 01/04/21

Mean ——— 0 ——— Process limits - 3σ ——— Special cause - concern
● Special cause - improvement —— Target ● special cause neither

PATIENT OUTCOMES:

Count of Severe Pressure Ulcers Trustwide- starting 01/04/21

Please note that while work is ongoing to validate data from Encompass the outcome charts have reverted to number of incidents per month rather than a rate of incident per 1000 bed days
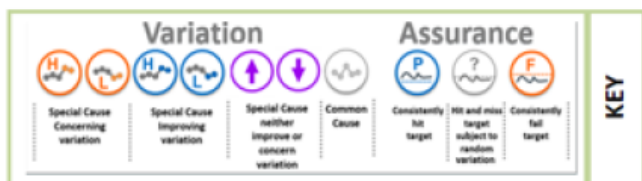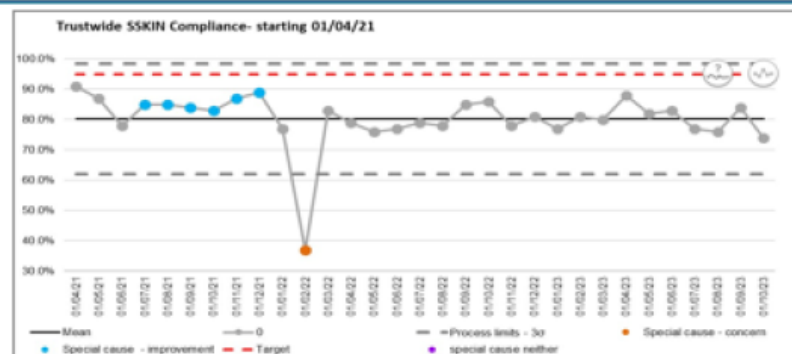

Mean ——— 0 ——— Process limits - 3σ ——— Special cause - concern
● Special cause - improvement —— Target ● special cause neither

KEY LEARNING:

1. Work is being undertaken to extract Nursing KPI data from Encompass. The chart above depicts the last available Nuirsng KPI data reported from paper based audits in October 2023 which, indicated normal variation.
2. Twenty severe pressure ulcers were reported in January 2024. Following post incidence review, all have so far been deemed unavoidable. As indicated in the chart above (right hand side) the median has been recalculated and average severe pressure ulcers per month has increased from ten to sixteen.
3. Post incident reviews indicate a slight improvement in documentation of Purpose T and SSKIN Bundle. However, early recognition remains a point of learning where Deep Tissue Injuries (DTIs) have been identified.
4. Two recent DTIs have been reported in Maternity. Key learning has been lack of recognition of the early signs of pressure damage as well as contributing factors.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

1. Tissue Viability (TVN) team continue to address learning points directly with clinical staff at post incident reviews. The TVN team are also providing additional education to Tissue Viability link nurses and registered nursing staff for onward dissemination at ward level to highlight the importance of accurate documentation and care planning to prevent tissue damage.
2. Tissue Viability team are carrying out bespoke educational sessions in Maternity to highlight recognition of the early signs of pressure damage, and any contributing factors.

HSC South Eastern Health and Social Care Trust

MUST - COMPLIANCE TREND

Trustwide MUST Compliance- starting 01/04/21
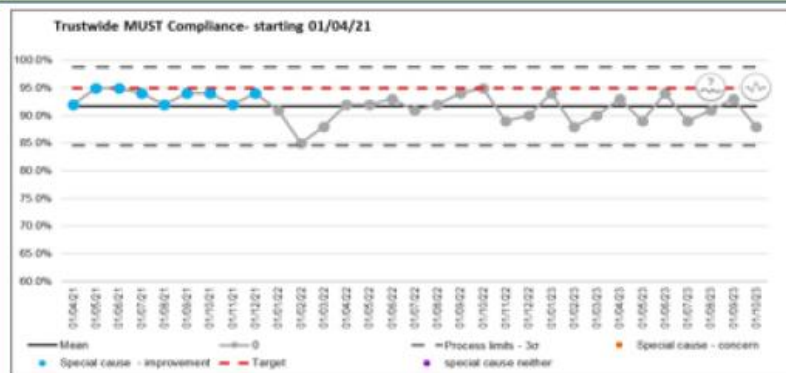
ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

1. A 'Next Steps' audit was undertaken in August/September 2023, this is an indepth review of patients nutritional assessment and management across eighteen wards within the Trust. Analysis of the data gathered has resulted in the following recommendations:
   - Development of a comprehensive training programme that will maximise delivery of the key learning for Nurses and Midwives across all Directorates.
   - Redesign of snack service within inpatient settings.
   - A commitment to undertake an annual 'Next Steps' re-audit.

KEY LEARNING:

1. Work is being undertaken to extract Nursing KPI data from Encompass. The chart above depicts the last available Nurisng KPI data reported from paper based audits in October 2023 which, indicated normal variation.

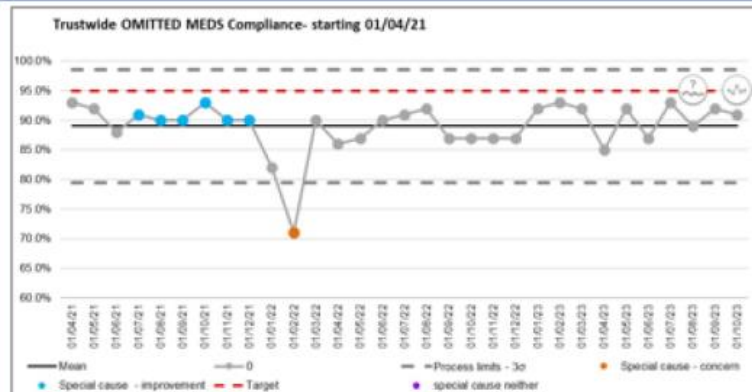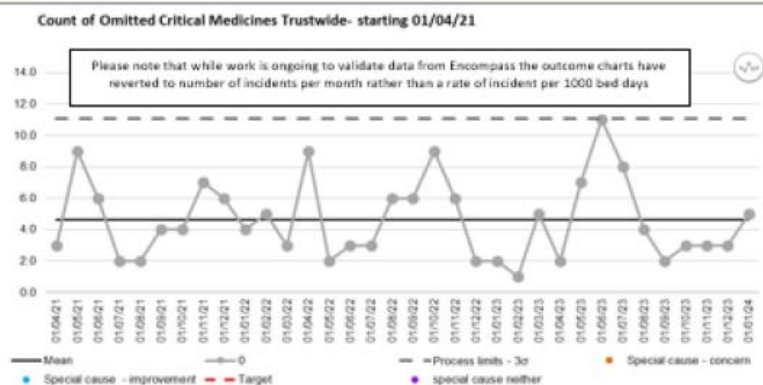**South Eastern Health and Social Care Trust**

KEY

Variation | Assurance

Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

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OMITTED MEDICATIONS - COMPLIANCE TREND

Trustwide OMITTED MEDS Compliance- starting 01/04/21

Mean — 0 — Process limits - 3σ — Special cause - concern
Special cause - improvement — Target — special cause neither

PATIENT OUTCOMES:

Count of Omitted Critical Medicines Trustwide- starting 01/04/21

Please note that while work is ongoing to validate data from Encompass the outcome charts have reverted to number of incidents per month rather than a rate of incident per 1000 bed days

Mean — 0 — Process limits - 3σ — Special cause - concern
Special cause - improvement — Target — special cause neither

KEY LEARNING:

1. Work is being undertaken to provide safety metrics for the Nursing KPIs within Encompass, the chart above demonstrates the most up to date data available in October 2023 and shows normal variation.

2. Five incidents were reported on Datix in January 2024, where harm was caused to patients as a result of the omission of a critical medicine. In four incident the level of harm was risk assessed as 'minor' and the further incident was assessed as 'moderate'.

ACTION PLAN FOR MINIMISING AVOIDABLE HARM:

1. The Nursing & Midwifery Safety Quality & Assurance Team and Pharmacy Medication Safety team continue to meet monthly to review medication incidents across the Trust, to determine whether any support needs to be provided to particular clinical areas.

HSC South Eastern Health and Social Care Trust